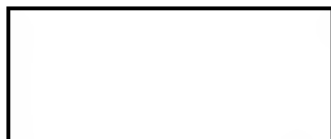


FEDERAL BUREAU OF INVESTIGATION  
FOI/PA  
DELETED PAGE INFORMATION SHEET  
FOI/PA# 1:16-cv-01790-02

Total Deleted Page(s) = 36

Page 7 ~ b6; b7C;  
Page 11 ~ b6; b7C;  
Page 13 ~ b6; b7C;  
Page 17 ~ b6; b7C;  
Page 20 ~ b6; b7C;  
Page 82 ~ b6; b7C;  
Page 85 ~ b6; b7C;  
Page 88 ~ b6; b7C;  
Page 91 ~ b6; b7C;  
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Page 134 ~ b6; b7C; b7D;  
Page 135 ~ b6; b7C; b7D;  
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Page 142 ~ b6; b7C;  
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Page 144 ~ b6; b7C;  
Page 145 ~ b6; b7C;  
Page 146 ~ b6; b7C;  
Page 147 ~ b6; b7C;  
Page 148 ~ b6; b7C;  
Page 149 ~ b6; b7C;  
Page 150 ~ b6; b7C;  
Page 151 ~ b6; b7C;  
Page 152 ~ b6; b7C;  
Page 153 ~ b6; b7C;

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X Deleted Page(s) X  
X No Duplication Fee X  
X For this Page X  
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b6  
b7cFile No. 164-81-17 <sup>(588)</sup>

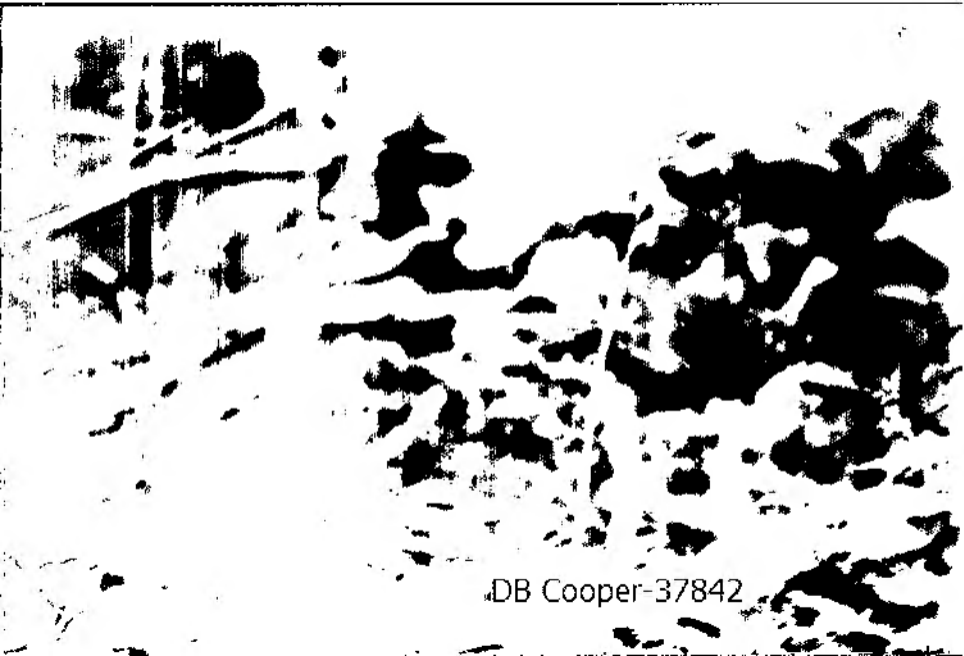
Date Received \_\_\_\_\_

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)\_\_\_\_\_  
(CITY AND STATE)\_\_\_\_\_  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes  
☐ NoReceipt Given ☐ Yes  
☐ No

Description :

*photos taken in  
Cascade Mountains*

*See Ser. 7358* DB Cooper-37841



DB Cooper-37842

164 81-1A (588)



b6  
b7C

DB Cooper-37843



JAN 77

DB Cooper-37844

164-81-1A

588



b6  
b7C

DB Cooper-37845

b6  
b7CFile No. NORJAK 164-81-1A <sup>(589)</sup>

Date Received \_\_\_\_\_

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

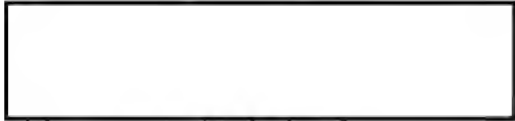
(NAME OF SPECIAL AGENT)

b6  
b7CTo Be Returned ☐ Yes ☐ No Receipt Given ☐ Yes ☐ No☐ No☐ No

Description:

Two photos of

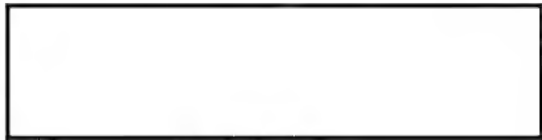
b6  
b7C*see ser. 7373*



164-81-1A

164-81-1A

164-81-1A



164-81-1A

b6  
b7C

164-81-1A

164-81-1A

File No.

164-81

Date Received

1/12/77

From

LITTON RECH DIVISION

(NAME OF CONTRIBUTOR)

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes  
☐ No

Receipt Given ☐ Yes  
☒ No

Description :

ONE COLOR PHOTOGRAPH OF

[REDACTED] WITH AN

UNKNOWN WHITE MARK.

b6  
b7Cb6  
b7Cb6  
b7C

164-81-1A (550)

164-81-1A (550)

164-81-1A (550)

164-81-1A 550

DB Cooper-37851

164-81-17 (550)

b6  
b7C

SE 164-81

LR 164-22 -1A8

File No. \_\_\_\_\_

Date Received 12/13/76

From \_\_\_\_\_

b6  
b7C

(ADDRESS OF CONTRIBUTOR)

Hope, Arkansas

SA \_\_\_\_\_

(NAME OF SPECIAL AGENT)

To Be Returned ☒ Yes  
☐ NoReceipt Given ☐ Yes  
☒ No

Description :

One color photograph of  
with unknown white maleb6  
b7Cvia LR airtel to Bu, 1-10-77  
~~1-10-76~~

b6  
b7C

File No.

164-81-1A

(591)

Date Received

3/17/77

From

CHICAGO DIVISION

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

b6

b7C

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ No

Receipt Given

☐ Yes☒ No

Description :

11 photos of

b6

b7C

see ser 7416

DB Cooper 3/855

164-81-1A

591

b6

b7C

DB Cooper-37857

*Norjack*  
*Aircraft - Hijacking*  
*OO: Seattle*

b6  
b7C

File No.

*Seattle 164-81-17**(592)*

Date Received

From

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☐

No

☐

No

Description:

*One photo of*

b6  
b7C

*See Ser 7427*

DB Cooper-37858

[REDACTED]

b6

b7C

164-81-1A (592)

DB Cooper-37860

u u u . u u u

Re: Jgh. airtel to AX,  
3/15/77.

NORJAK

164-81-1A

(593)

File No. PG 164-93

Date Received 2/19/77

From Miami

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

b6

b7C

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☐

No

☐

No

Description:

Photo of



b6

b7C

See ser 7428 DB Cooper-37861

b6  
b7C

164 81-1A (593)

DB Cooper-37862

Sub 853

File No.

164-81-1A

(594)

Date Received

From

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes  
☐ NoReceipt Given ☐ Yes  
☐ No

## Description :

Copies of  
 medical ~~and~~ treatment  
 records of the Southern  
 Virginia Hospital Assoc.  
 re: Caffelt.

see ser 7462 1/2

DB Cooper 3/863

SE 1164-81-1A (594)  
KEEP ATTACHED TO EXHIBIT

Emp. Name J COFFELT  
Emp. No. 014052 Dept. 0009  
Pay Ending 02/13/72  
Regular Hours 80 Overtime Hours 5  
Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_  
Differential \$ \_\_\_\_\_  
On Call \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	01/31/72	D		
Tues.	02/01/72	7:50	5:30	8
Wed.	02/02/72	9:00	5:30	8
Thur.	02/03/72	9:00	7:00	8 + 1/2
Fri.	02/04/72	9:00	5:30	8
Sat.	02/05/72	7:30	4:30	8 40 + 1/2
Sun.	02/06/72	D		
Mon.	02/07/72	8:30	6:00	8 + 1/2
Tues.	02/08/72	9:00	6:30	8 + 1/2
Wed.	02/09/72	9:00	7:00	8 + 1/2
Thur.	02/10/72	9:00	5:30	8
Fri.	02/11/72	7:30	4	8 40 + 1/2
Sat.	02/12/72	D		
Sun.	02/13/72	D		

FORM 90

Authorized Signature \_\_\_\_\_

80H + 5HOT

Emp. Name J COFFELT  
Emp. No. 014052 Dept. 0009  
Pay Ending 01/30/72  
Regular Hours 50 Overtime Hours 1 1/2  
Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_  
Differential \$ \_\_\_\_\_  
On Call \$ \_\_\_\_\_  
Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	01/17/72	8	6	8 + 1/2
Tues.	01/18/72	9	5:30	8
Wed.	01/19/72	9	6:00	8 + 1/2
Thur.	01/20/72	9	6:00	8 + 1/2
Fri.	01/21/72	9	4:30	7
Sat.	01/22/72	D		40 + 1/2
Sun.	01/23/72	D		
Mon.	01/24/72	8:30	7:00	8 + 1/2
Tues.	01/25/72	8:30	7:00	8 + 1/2
Wed.	01/26/72	SL		
Thur.	01/27/72	SL		
Fri.	01/28/72	SL		
Sat.	01/29/72	D		
Sun.	01/30/72	D		

FORM 90

Authorized Signature \_\_\_\_\_

50H + 1 1/2HOT

b6  
b7C

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 03/12/72

Regular Hours 28 Overtime Hours \_\_\_\_\_

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	02/28/72	<del>9:00</del> 8:30	<del>5:30</del> 5:00	
Tues.	03/29/72	9:00	5:30	8
Wed.	03/01/72	9:00	6:30	8+1
Thur.	03/02/72	9:00	5:30	8
Fri.	03/03/72	9:00	12:00	3
Sat.	03/04/72	D		
Sun.	03/05/72	D		
Mon.	03/06/72	Ywop		
Tues.	03/07/72			40 Ywop
Wed.	03/08/72			
Thur.	03/09/72			
Fri.	03/10/72			
Sat.	03/11/72	D		
Sun.	03/12/72	D		

FORM 90

Authorized Signature \_\_\_\_\_

28H + 52 Ywop

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 02/27/72

Regular Hours 83 Overtime Hours 1

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	02/14/72	7:30	4:00	8
Tues.	02/15/72	9:00	6:30	8+1
Wed.	02/16/72	9:00	5:30	8
Thur.	02/17/72	9:00	5:30	8
Fri.	02/18/72	9:00	5:30	8 47+1
Sat.	02/19/72	D		
Sun.	02/20/72	D		
Mon.	02/21/72	H		
Tues.	02/22/72	9:00	9:00	8
Wed.	02/23/72	9:00	6:30	8+1
Thur.	02/24/72	9:00	6:30	8+1
Fri.	02/25/72	9:00	6:30	8+1
Sat.	02/26/72	<del>9:00</del>		8 1/2
Sun.	02/27/72			3 1/2

FORM 90

Authorized Signature 72 Hrs

4 Hrs OT

Emp. Name COFFELT, JACK  
 Emp. No. 14052 Dept. 0009  
 Pay Ending 05/07/72  
 Regular Hours 80 Overtime Hours 17 1/2  
 Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_  
 Differential \$ \_\_\_\_\_  
 On Call \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	04/24/72	9	6	8 + 1/2
Tues	04/25/72	9:30	8:30	8 + 3
Wed.	04/26/72	9:30	7	8 + 1/2
Thur.	04/27/72	9:30	5:30	8
Fri.	04/28/72	9:00	6:00	8 + 1/2
Sat.	04/29/72	D		
Sun.	04/30/72	D		
Mon.	05/01/72	D		
Tues.	05/02/72	9:00	7:00	8 + 2
Wed.	05/03/72	9:00	6:00	8 + 1
Thur.	05/04/72	9:00	6:00	8 + 1
Fri.	05/05/72	9:00	8:30	8 + 3 1/2
Sat.	05/06/72	7:30	7:30	8 + 4 1/2
Sun.	05/07/72	D		

FOPM 90

Authorized Signature

*80 hrs + 17 1/2 OT*

Emp. Name J. COFFELT  
 Emp. No. 014052 Dept. 0009  
 Pay Ending 03/26/72  
 Regular Hours \_\_\_\_\_ Overtime Hours \_\_\_\_\_  
 Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_  
 Differential \$ \_\_\_\_\_  
 On Call \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	03/13/72	LWOP		
Tues	03/14/72			
Wed	03/15/72			
Thur.	03/16/72			
Fri.	03/17/72			
Sat.	03/18/72	D		
Sun.	03/19/72	D		
Mon.	03/20/72	LWOP		
Tues.	03/21/72			
Wed	03/22/72			
Thur	03/23/72			
Fri.	03/24/72			
Sat	03/25/72			
Sun	03/26/72			

FORM 90

Authorized Signature

*80H LWOP*

b6  
b7c

J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 06/04/72

Regular Hours 70 Overtime Hours

Annual Leave Sick Leave

Differential \$

On Call \$

Other \$

	DATE	IN	OUT	TOTAL HOURS
Mon	05/22/72	9:30	6:30	8 1/2
Tues	05/23/72	9:30	7:30	8 1/2
Wed	05/24/72	SL		
Thur	05/25/72	9:30	3:00	5 1/2
Fri	05/26/72	9:30	5:30	8 1/2
Sat	05/27/72	D		
Sun	05/28/72	D		
Mon	05/29/72	H		
Tues	05/30/72	D		
Wed	05/31/72	9:30	6:00	8 1/2
Thur	06/01/72	9:30	7:00	8 1/2
Fri	06/02/72	9:30	5	7 1/2
Sat	06/03/72	7:30	12	4 1/2
Sun	06/04/72			

FORM 90

Authorized Signature

6221 8 N T 8 5 1 10 L W O P

JACK COFFELT, JACK

Emp. No. 14052 Dept. 0009

Pay Ending 05/21/72

Regular Hours 80 Overtime Hours 5 1/2

Annual Leave Sick Leave

Differential \$

On Call \$

Other \$

	DATE	IN	OUT	TOTAL HOURS
Mon	05/08/72	9:30	6:30	8 1/2
Tues	05/09/72	9:30	6:00	8 1/2
Wed	05/10/72	9:30	6:00	8 1/2
Thur	05/11/72	9:30	6:00	8 1/2
Fri	05/12/72	9:30	6:00	8 1/2
Sat	05/13/72			4 1/2
Sun	05/14/72			
Mon	05/15/72	9:30	7:00	8 1/2
Tues	05/16/72	9:30	5:30	8
Wed	05/17/72	9:30	7:00	8 1/2
Thur	05/18/72	10:00	5:30	7 1/2
Fri	05/19/72	9:30	5:30	8
Sat	05/20/72			4 1/2
Sun	05/21/72			

FORM 90

Authorized Signature

80 N T 5 1/2 N O T

b6  
b7c

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 07/02/72

Regular Hours 63 Overtime Hours 3 1/2

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	06/19/72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Tues.	06/20/72	9 <sup>30</sup>	6 <sup>00</sup>	8+1/2
Wed.	06/21/72	9 <sup>30</sup>	6 <sup>00</sup>	8+1/2
Thur.	06/22/72	10 <sup>00</sup>	1 <sup>00</sup>	8
Fri.	06/23/72	9 <sup>30</sup>	1 <sup>30</sup>	8+1/2
Sat.	06/24/72	D		4:00
Sun.	06/25/72	D		
Mon.	06/26/72	D		
Tues.	06/27/72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Wed.	06/28/72	9 <sup>30</sup>	5 <sup>30</sup>	8
Thur.	06/29/72	SI		
Fri.	06/30/72	SI		
Sat.	07/01/72	7 <sup>30</sup>	1 <sup>30</sup>	6 25
Sun.	07/02/72	D		

FORM 90

Authorized Signature

06/21/72 H. Cooper 3505

Emp. Name J COFFELT

Emp. No. 014052 Dept. 0009

Pay Ending 06/18/72

Regular Hours 57 1/2 Overtime Hours 6 1/2

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	06/05/72	9 <sup>30</sup>	8 <sup>00</sup>	8+2 1/2
Tues.	06/06/72	9 <sup>30</sup>	6 <sup>00</sup>	8+1/2
Wed.	06/07/72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Thur.	06/08/72	10 <sup>00</sup>	7 <sup>00</sup>	8+1 1/2
Fri.	06/09/72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Sat.	06/10/72	D		4:00 + 1:00
Sun.	06/11/72	D		
Mon.	06/12/72	Lwp		
Tues.	06/13/72	Lwp		
Wed.	06/14/72	Lwp		
Thur.	06/15/72	9 <sup>30</sup>	5 <sup>30</sup>	8 1/2
Fri.	06/16/72	9 <sup>00</sup>	6 <sup>30</sup>	8+1 1/2
Sat.	06/17/72	D		
Sun.	06/18/72	D		

FORM 90

Authorized Signature

57 1/2 H + 6 1/2 OT + 16 lwp

b6  
b7C

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA.

22204

Pay Ending 7-30-72 09

Regular Hours 76 Overtime Hours 1

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	7/17/72	9 <sup>30</sup>	11 <sup>30</sup>	2
Tues.	18	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Wed.	19	9 <sup>30</sup>	1 <sup>00</sup>	8+
Thur.	20	9 <sup>30</sup>	1 <sup>30</sup>	8+1
Fri.	21	9 <sup>30</sup>	5 <sup>30</sup>	8
Sat.	22	D		
Sun.	23	D		
Mon.	24	D		
Tues.	25	9 <sup>30</sup>	6 <sup>00</sup>	8+1/2
Wed.	26	9 <sup>30</sup>	6 <sup>00</sup>	8+1/2
Thur.	27	9 <sup>30</sup>	5 <sup>30</sup>	8
Fri.	28	9 <sup>30</sup>	5 <sup>30</sup>	8
Sat.	29	7 <sup>30</sup>	3 <sup>30</sup>	8
Sun.	7/30			

FORM 90

Authorized Signature \_\_\_\_\_

76 H+1 N O T + 4 H 1 w o p

Emp. Name J COFFELTEmp. No. 014052 Dept. 0009Pay Ending 07/16/72Regular Hours 75.5 Overtime Hours 1 1/2

Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon.	07/03/72	7 <sup>30</sup>	5 <sup>30</sup>	8+2
Tues.	07/04/72	H		
Wed.	07/05/72	S		
Thur.	07/06/72	9 <sup>30</sup>	6 <sup>00</sup>	8+1/2
Fri.	07/07/72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Sat.	07/08/72	D		2 1/2
Sun.	07/09/72	D		4 1/2
Mon.	07/10/72	9 <sup>30</sup>	5 <sup>30</sup>	5
Tues.	07/11/72	9 <sup>30</sup>	5 <sup>30</sup>	5
Wed.	07/12/72	9 <sup>30</sup>	5 <sup>30</sup>	5
Thur.	07/13/72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Fri.	07/14/72	9 <sup>30</sup>	6 <sup>00</sup>	8+1
Sat.	07/15/72			2 1/2
Sun.	07/16/72			

FORM 90

Authorized Signature \_\_\_\_\_

67 1/2 - 8 H w 4 1/2 L w o p 1 1/2 H o +

b6  
b7c

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA.

22204

AUG 27 1972

Pay Ending

Regular  
Hours

80

Overtime  
Hours

4

Annual  
LeaveSick  
Leave

Differential \$

On Cal. \$

Other \$

	DATE	IN	OUT	TOTAL HOURS
Mon	8-14-72	9 <sup>30</sup>	5 <sup>30</sup>	8
Tues	8-15-72	9 <sup>30</sup>	5 <sup>30</sup>	8
Wed	8-16-72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Thur	8-17-72	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Fri	8-18-72	9 <sup>30</sup>	5 <sup>30</sup>	8
Sat	8-19-72	D		
Sun	8-20-72	D		
Mon	8-21-72	9 <sup>30</sup>	5 <sup>30</sup>	8+2
Tues	8-22-72	9 <sup>30</sup>	6 <sup>00</sup>	8+1
Wed	8-23-72	9 <sup>30</sup>	4 <sup>30</sup>	7
Thur	8-24-72	9 <sup>30</sup>	5 <sup>30</sup>	8
Fri	8-25-72	9 <sup>30</sup>	5 <sup>30</sup>	8
Sat	8-26-72	7 <sup>30</sup>	3 <sup>00</sup>	7 1/2
Sun	8-27-72			

FORM 90

Authorized Signature

80H+4HOT

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA.

22204

Pay Ending

8-13-72

Regular  
Hours

80

Overtime  
Hours

2

Annual  
LeaveSick  
Leave

Differential \$

On Cal. \$

Other \$

	DATE	IN	OUT	TOTAL HOURS
Mon	7/31	9 <sup>30</sup>	5 <sup>30</sup>	8
Tues	8/1	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Wed	2	9 <sup>30</sup>	5 <sup>30</sup>	8
Thur	3	9 <sup>30</sup>	5 <sup>30</sup>	8
Fri	4	9 <sup>30</sup>	5 <sup>30</sup>	8
Sat	5			4+1
Sun	6			
Mon	7	9 <sup>30</sup>	5 <sup>30</sup>	8
Tues	8	9 <sup>30</sup>	5 <sup>30</sup>	8
Wed	9	9 <sup>30</sup>	5 <sup>30</sup>	8
Thur	10	9 <sup>30</sup>	6 <sup>30</sup>	8+1
Fri	11	9 <sup>30</sup>	5 <sup>30</sup>	8
Sat	12			4+1
Sun	13			

FORM 90

Authorized Signature

80H+2HOT

b6  
b7c

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA. 22204

Pay Ending **SEP 24 1972**

Regular Hours **71** Overtime Hours **14.5**  
Annual Leave **6** Sick Leave **6**

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon	9/11	8 <sup>00</sup>	6 <sup>30</sup>	10 <sup>1</sup> / <sub>2</sub>
Tues	9/12	9 <sup>30</sup>	6 <sup>30</sup>	9
Wed	9/13	7 <sup>30</sup>	9 <sup>00</sup>	11 <sup>1</sup> / <sub>2</sub>
Thur	9/14	9 <sup>30</sup>	6 <sup>30</sup>	9
Fri	9/15	9 <sup>30</sup>	6 <sup>00</sup>	8 <sup>1</sup> / <sub>2</sub>
Sat	9/16	7 <sup>30</sup>	1 <sup>30</sup>	6
Sun	9/17			
Mon	9/18	7 <sup>30</sup>	5 <sup>30</sup>	1
Tues	9/19	7 <sup>30</sup>	5 <sup>30</sup>	1
Wed	9/20	SL		
Thur	9/21	9 <sup>30</sup>	4 <sup>30</sup>	8
Fri	9/22	9 <sup>30</sup>	4 <sup>30</sup>	7
Sat	9/23			
Sun	9/24			

FORM 90

Authorized Signature \_\_\_\_\_

71 H + 14 <sup>1</sup>/<sub>2</sub> OT + 6 SL + 3 LWOP

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA. 22204

Pay Ending **SEP 10 1972**

Regular Hours **87 <sup>1</sup>/<sub>2</sub>** Overtime Hours **2.5**  
Annual Leave \_\_\_\_\_ Sick Leave \_\_\_\_\_

Differential \$ \_\_\_\_\_

On Call \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

	DATE	IN	OUT	TOTAL HOURS
Mon	8/28/72	7 <sup>30</sup>	5 <sup>30</sup>	8 <sup>1</sup> / <sub>2</sub>
Tues	8/29/72	7 <sup>30</sup>	5 <sup>30</sup>	8
Wed	8/30/72	7 <sup>30</sup>	5 <sup>30</sup>	8 <sup>1</sup> / <sub>2</sub>
Thur	8/31/72	10 <sup>00</sup>	6 <sup>30</sup>	8 <sup>1</sup> / <sub>2</sub>
Fri	9/1/72	9 <sup>30</sup>	6 <sup>30</sup>	9
Sat				4 <sup>1</sup> / <sub>2</sub>
Sun				
Mon	9/4	4		
Tues	5	7 <sup>30</sup>	7 <sup>00</sup>	11 <sup>1</sup> / <sub>2</sub>
Wed	6	7 <sup>30</sup>	6 <sup>00</sup>	10 <sup>1</sup> / <sub>2</sub>
Thur	7	7 <sup>30</sup>	4 <sup>30</sup>	9
Fri	8	7 <sup>30</sup>	3 <sup>30</sup>	8
Sat	9			
Sun	10			

FORM 90

Authorized Signature \_\_\_\_\_

79 H + 2 <sup>1</sup>/<sub>2</sub> OT + 8 LWOPb6  
b7C

6320/0001/4709/0528

COFFELT, JACK  
4208 S 12TH ROAD  
ARLINGTON, VA. 22204

OCT 8 1972

Pay Ending

Regular Hours 40 Overtime Hours 10

Annual Leave Sick Leave

Differential \$

On Call \$

Other \$

	DATE	IN	OUT	TOTAL HOURS
Mon	9/25	7 <sup>30</sup>	7 <sup>30</sup>	12
Tues	9/27	7 <sup>30</sup>	3 <sup>30</sup>	8
Wed.	9/28	7 <sup>30</sup>	6 <sup>30</sup>	11
Thur	9/29	7 <sup>30</sup>	6 <sup>36</sup>	11
Fri.	9/30	7 <sup>30</sup>	3 <sup>30</sup>	8
Sat.		D		
Sun		D		
Mon.		LWOP		
Tues				
Wed				
Thur.				
Fri.				
Sat.		D		
Sun		D		

FORM 90

Authorized Signature

40H + 10 OT + 40 LWOP

b6  
b7c

DB Cooper-37872

Coffelt, Jack  
4208 S. 12th Road  
Arlington, Va.

DATE	SALARY	DIFF.	POSITION	SHIFT
12-8-71	\$410/mo.	OT	OR Orderly	FT 9-5:30
4-2-72	"	'		

DATE TERMINATED: ~~3-3-72~~ 9-29-72  
NVDH No. 8



## TERMINATION

Date: 10/19/72Employee's Name Jack COFFERT  
First Middle LastDepartment OR Position ORDERLY

Reason for Termination: (Check One) Remarks: (Briefly indicate nature of action.)

Voluntary Resignation \_\_\_\_\_

End Temp. Assignment \_\_\_\_\_

Discharge ☒ EXCESSIVE LWOP

Other \_\_\_\_\_

Employee's Rating:	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
Performance			<input checked="" type="checkbox"/>		
Attendance				<input checked="" type="checkbox"/> UNTIL RECENTLY	
Attitude			<input checked="" type="checkbox"/>		
Appearance			<input checked="" type="checkbox"/>		
Personality			<input checked="" type="checkbox"/>		

Remarks: MR. COFFERT had Resigned several mo. Ago due to EXTENDED BUSINESS CONCERNING FAMILY DEATH. WAS REHIRED due to the VACANT POSITION. HE HAS BEEN OFF AGAIN FOR 3 WK LWOP ON PERSONAL BUSINESS.

I TALKED WITH HIM BY PHONE 10/12/72. HE PROMISED HE WOULD BE TO WORK REGULAR 10/13/72. HE HAS NOT WORKED SINCE. I TOLD HIM TO REPORT FOR WORK 10/13 OR HE WOULD BE REEMPLOYED.

Last Day Actually Worked: FRI 9/29, 19 72  
Day Date

Would you rehire? ☒ Yes ☐ No

Subject To: See ABOVE - WOULD GET INCREASE MORE PROBLEM.

[Redacted Signature]  
Supervisor

b6  
b7C

NOTED AND APPROVED:

[Redacted Signature]  
Administrator

[Redacted Signature]

Northern Virginia Doctors Hospital

Termination record received: [Redacted Signature]  
(Date)

REMARKS:

Earnings record file: ☒

Leave slip filed: ☒

Time card filed: ☒

Record card filed: ☒

Hospitalization cancelled: ☒

Switchboard: ☒

NVDH Form # 126

Term w. Comp #  
SW.

NO. 1000 VIRGINIA DOCTORS HOSPITAL  
EMPLOYEE EVALUATION: JOB PERFORMANCE REPORT

Name: COFFERT JACK  
Last First Initial

Department: O.R.

Station: OR

Full Time: ☒ Part Time: ☐

Temporary: ☐ Permanent: ☒

Date: 10/19/72

3 Mos. Probationary Period ☐  
Annual ☐  
Termination ☒

Position: ORDERLY

Shift: 9<sup>30</sup>-5<sup>30</sup>

Grading from left  
to right indicates  
lowest to  
highest

Unsatisfactory	Marginal	Satisfactory	Excellent	Outstanding
----------------	----------	--------------	-----------	-------------

NOTE: If employee is graded unsatisfactory in any category, this report must be shown, discussed, and signed by employee as an acknowledgement of contents.

Remarks

Attendance			✓						
Job Performance			✓						
Ability			✓						
Industry			✓						
Dependability			✓						until Recently
Cooperation			✓						
Appearance			✓						
Personality			✓						
Health			✓						

## GENERAL

REMARKS Mr. COFFET had resigned several mo. ago due necessity to have  
extended. Work was required as position was vacant. Was again felt need

FOR EXTENDED LEAVE - 3 WK +  $7\frac{1}{2}$  WKS TO REPORT FOR WEEK 10/13/72 OR HE WOULD BE REPLACED. HE'S NOT WORKED YET.

Employee's  
Signature

Department  
Signature

Approved X  
Disapproved \_\_\_\_\_

Remarks  b6  
b7C

Date \_\_\_\_\_


Administr	
-----------	--

August 30, 1972

Jack Coffelt

In a recent letter from one of our patients,  
you were singled out for special commendation.

We wish to let you know how proud we are to  
have an efficient and competent employee such  
as you on our staff.

  
Administrator

me

b6  
b7C

VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Print full name Collet, J. K. Bryant Social Security No. 513-26-2480  
Print home address 4208 B. 13th Rd. City Arlington State VA ZIP Code 22204

HOW TO CLAIM WITHHOLDING EXEMPTIONS

EMPLOYEE:  
File this exemption certificate with your employer.

1. If SINGLE, and you claim an exemption, write the figure "1" ..... 0
2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
  - (a) If you claim both of these exemptions, write the figure "2" .....
  - (b) If you claim one of these exemptions, write the figure "1" .....
  - (c) If you claim neither of these exemptions, write "0" .....
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):
  - (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both be 65 or older; and you claim both of these exemptions, write the figure "2" .....
  - (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2" .....
4. If you claim exemptions for one or more dependents, write the number of such exemptions . . .
5. Add the number of exemptions which you have claimed above and write the total . . . 0
6. Additional withholding per pay period under agreement with employer . . . \$ .....

EMPLOYER:  
Keep exemption certificates with your records. Certificates may be on this form, or a similar form. If the employee is believed to have claimed too many exemptions, notify the Virginia Department of Taxation.

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

(Date) Aug. 4, 1972

(Signed) Jack Bryant

**A. IF YOU FAIL** to file this certificate with your employer, he must withhold Virginia income tax from your wages without exemption. If an employer believes that an employee is claiming an excessive number of exemptions, he will advise the Department of Taxation.

**B. NUMBER OF EXEMPTIONS.**—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the taxable year than will be withheld if you claim every exemption to which you are entitled, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld.

**C. EMPLOYEES WITH TWO OR MORE EMPLOYERS.**—If you have more than one employer and wish to increase your withholding to an amount nearer your correct income tax you should claim a smaller number or no exemptions on each Form Va.—4 filed with all employers other than your principal employer.

**D. CHANGES IN EXEMPTIONS.**—You may file a new certificate at any time if the number of your exemptions INCREASES.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES for any of the following reasons:

(1) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

(2) The support of a dependent for whom you claimed exemption is

taken over by someone so that you no longer expect to furnish more than half the support for the year.

(3) You find that a dependent for whom you claimed exemption will receive \$600 or more of income of his own during the taxable year.

OTHER DECREASES in exemption, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

**E. DEPENDENTS.**—Do not claim any dependent in Line 4 (on other side) unless he or she meets all four of the following tests: (1) He or she is receiving over one-half of his or her support from you for the taxable year, and (2) he or she is "closely related" to you, and (3) he or she will not have as much as \$600 gross income of his or her own during the taxable year (if a son, daughter, stepson, or stepdaughter is a full time student at an educational institution, this limitation does not apply), and (4) if married, her or his exemption is not claimed by her husband or his wife. "Closely related" means your children (including stepchildren and legally adopted children) and grandchildren; your parents and grandparents; your brothers and sisters; your immediate "in-laws" (mother, father, son, daughter, brother, sister-in-law); your blood related uncles, aunts, nieces, and nephews.

**F. PENALTIES.**—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

Coffelt, Jack  
Employee NVSH

NORTHERN VIRGINIA DOCTORS HOSPITAL  
DEPARTMENT OF RADIOLOGY

7-10-72  
Personnel

REQUISITION FOR ROENTGEN EXAMINATION

b6  
b7C

Insurance: GHI ☐ No GHI ☐  
(Check one)

Transport to X-ray department by ☒ walk ☐ chair ☐ stretcher.  
(Check one)

Part to be examined

① Chest

② Rt. Shoulder

Clinical Diagnosis

trauma - due to accident at work

b6  
b7C

Nurses Signature

Report of Roentgenologist

Date of Examination

X-Ray No.

66674 ✓

Roentgen Findings

July 10, 1972

b6  
b7C

RE: Jack Coffelt, # 66674

Dear

X-ray examination of the chest reveals the previously described blunting of the left costophrenic angle secondary to scarring. Old healed rib fractures are noted on the right. The lung fields are clear. The heart is unremarkable. The aorta is elongated calcified at the knob and tortuous. The lateral view reveals degenerative changes of the thoracic spine.

X-ray examination of the right shoulder girdle reveals no evidence of fracture or subluxation. Minimal degenerative changes are noted.

b6  
b7C

N. B.—The Radiologist will be pleased to confer with the Attending Physician with respect to all cases referred to this department.

# NORTHERN VIRGINIA DOCTORS HOSPITAL

## EMPLOYEE ACCIDENT REPORT

NOTE: This form to be completed in duplicate and sent immediately to Administrator.

NAME OF EMPLOYEE INJURED Coffelt, Jack

DEPARTMENT CR

DATE OF INJURY 7-7-72 DAY OF WEEK Friday TIME 4:30 P.M.

PHYSICIAN NOTIFIED: (Name) No

WAS EMPLOYEE DOING REGULAR WORK? Yes WAS EMPLOYEE INSTRUCTED REGARDING DANGERS OF JOB BEING DONE? When first hired, he was instructed in dangers

BRIEF DESCRIPTION OF INJURY Fractured rib cage R. side around diaphragm and R. shoulder

HOW DID INJURY HAPPEN? He was helping to move patient from CR table to gta. stretcher

WHAT DO YOU BELIEVE CAUSED THE ACCIDENT? (DESCRIBE (a) any unsafe act of the injured employee or fellow employee (b) faulty machine or equipment (c) unsafe condition of area (d) other unsafe conditions) There were 2 rollers on one of the roller table to move pt. & an RN at head and feet, 4 rollers with a new draw sheet on it was placed under the pt. The draw sheet had been placed on the roller moving since the paper was taken from the case which is loose and as the orderly on the R. of the pt. pulled, he slipped, the stretcher came away from the top and the pt. was not on the rollers. What should be done to prevent repetition? Make sure floor is not slick.

HAS THIS BEEN DONE? No - impossible IF NOT, GIVE REASON.

Because it was a dirty case and the floor cannot be mopped until the pt. is out of the room. Also, because of the floor condition.

Date this report completed by supervisor 7-7-72 SIGNED Jack Coffelt

PHYSICIAN'S REPORT: (DESCRIBE TREATMENT AND/OR MEDICATIONS)

P. X: negative

Chest: Rt shoulder & chest: negative

SIGNED \_\_\_\_\_ M.D.

DATE OF THIS REPORT 7-7-72 SIGNED \_\_\_\_\_

well when Jack the other orderly was left holding the pt. in mid-air with the 2 RN's.

Term 3-3-72

NORTHERN VIRGINIA DOCTORS HOSPITAL

PERSONNEL ACTION

DATE: 4/24/72

NAME: Coffelt last Jack first initial

PRESENT STATUS

Station O.R.

POSITION orderly

DEPARTMENT O.R.

Part time full time temporary permanent

SHIFT: 9-5<sup>30</sup> 8-4 4-12 12-8

THE FOLLOWING PERSONNEL ACTIONS TO BE APPROVED:

EFFECTIVE: Current Pay Period or 4-24-72

Transfer to position department

Change status to: Part time full time

Change station to North South

Change shift to 8-4 4-12 12-8

INCREASE rate of pay to \$ per day/month

differential

Grant Leave without Pay until:

Returning to duty. Resume on payroll as follows:

Position orderly Dept. O.R.

\$ 410.00 per day/month. Differential + O.T.

OTHER ACTION: (Specify)

Approved

Disa

Date

Administrator

b6  
b7C

SUMMARY  
SHEET A:NO 8:YES

NORTHERN VIRGINIA  
DOCTORS HOSPITAL

79895

NAME COFFELT, JACK -		TELEPHONE 521-4665	PREVIOUS ADMISS. TO NVDH YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TIME OF ADMISSION 2:15pm	ADMISSION DATE 7/19/73
ADDRESS 4208 S. 12th RD. ARL. VA. 22204		AGE 48	SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	RACE W <input checked="" type="checkbox"/> C <input type="checkbox"/>	MARITAL STATUS S <input checked="" type="checkbox"/> M <input type="checkbox"/> W <input type="checkbox"/> DIV. <input type="checkbox"/> SEP. <input type="checkbox"/>
DATE OF BIRTH 2/20/25	BIRTH PLACE MISSOURI	RELIGION PROT.	OCCUPATION PHYSICIST		ACCOMMODATION PRV <input type="checkbox"/> SEMI PRV. <input checked="" type="checkbox"/> CARDIAC <input type="checkbox"/>
ADMITTING DIAGNOSIS THROMBOPHLEBITIS		ROOM NO. 307K		ROOM RATE 3748	66.00
NOTIFY IN EMERGENCY		RELATIONSHIP X	OFF. PHONE	HOME PHONE	DEPOSIT
INSURANCE GHI		CONTRACT NO 159-1727		CODE NO 1110-B	EXP: 6/1/72
INSURED THROUGH SELF		EMPLOYER IBM CORP. (UNABLE TO GIVE PHONE#)			BUS. PHONE

CAUSE FOR ADMISSION.

PHYSICAL FINDINGS

LABORATORY FINDINGS

OPERATIVE PROCEDURES  
AND DATES

CODE

OPERATIVE FINDINGS

SUMMARY OF  
HOSPITAL COURSE

FINAL DIAGNOSIS

CODE

COMPLICATIONS

CONSULTATION WITH

DISCHARGE  
DATE

TION ON DISCHARGE: RECOVERED ☐ IMPROVED ☐  
VED ☐ NOT TREATED ☐ D X. ONLY ☐  
AUTOPSY ☐ COPY TO PHYSICIAN -- YES ☐ NO ☐

M.D.

b6  
b7C

28887

## NORTHERN VIRGINIA DOCTORS HOSPITAL

I (OR YOU), HEREBY AUTHORIZE THE PERFORMANCE OF ANY MEDICAL PROCEDURE WHICH MAY BE ADVISED AND RECOMMENDED BY THE ATTENDING PHYSICIAN OF MYSELF, JACK COFFELT A PATIENT AT NORTHERN VIRGINIA DOCTORS HOSPITAL.

FURTHERMORE, I (OR YOU) RESPECTFULLY REQUEST THE USE OF ANY WHICH IS NECESSARY OR BENEFICIAL IN THE PERFORMANCE

WITNESS

DATE

### RELEASE FORM RESPONSIBILITY FOR ABORTION

I, THE UNDERSIGNED, A PATIENT APPLYING FOR ADMISSION TO NORTHERN VIRGINIA DOCTORS HOSPITAL, BELIEVE THAT I AM IN A CONSCIOUS STATE OF MIND AND AM ABLE TO MAKE MY OWN DECISIONS. I HEREBY DECLARE THAT NEITHER THE ATTENDING PHYSICIAN NOR ANY PERSON EMPLOYED BY OR CONNECTED WITH THE SAID HOSPITAL HAS KNOWINGLY PERFORMED ANY ACT WHICH MAY HAVE CONTRIBUTED TO THE INDUCTION OF THE ABORTION.

DATE

WITNESS

SIGNED

PATIENT

WITNESS

### RELEASE FROM RESPONSIBILITY FOR DISCHARGE

I, THE UNDERSIGNED, DEMAND THE RELEASE OF FOR NORTHERN VIRGINIA DOCTORS HOSPITAL AND ASSUME FULL RESPONSIBILITY FOR HIS OR HER DISCHARGE AGAINST THE ADVICE OF THE ATTENDING PHYSICIAN AND OF THE HOSPITAL ADMINISTRATION. I ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF THE RISK INVOLVED AND HEREBY RELEASE THE ATTENDING PHYSICIAN AND THE HOSPITAL FROM ALL RESPONSIBILITY FOR ANY ADVERSE EFFECTS WHICH MAY RESULT FROM SUCH DISCHARGE.

DATE

WITNESS

SIGNED

WITNESS

RELATIONSHIP TO PATIENT

### ABSENCE PERMIT

I, THE UNDERSIGNED, A PATIENT IN NORTHERN VIRGINIA DOCTORS HOSPITAL, FIND IT NECESSARY TO LEAVE THE HOSPITAL TEMPORARILY. I AM FULLY AWARE THAT WHATEVER ILLNESSES AND OR INJURIES WHICH MAY BEFALL ME DURING MY ABSENCE SHALL NOT BE THE RESPONSIBILITY OF THE PHYSICIAN IN CHARGE, THE HOSPITAL, OR ANYONE CONNECTED WITH THE HOSPITAL.

I REALIZE FURTHER THAT EMERGENCY ADMISSIONS TO THE HOSPITAL MIGHT NECESSITATE THE USE OF MY HOSPITAL BED.

DATE

WITNESS

SIGNED

WITNESS

IN THE CASE OF MINOR CHILDREN THIS SECTION MUST BE COMPLETED BY THE PARENT, GUARDIAN OR OTHER RESPONSIBLE PERSON

7-19-73

NORTHERN VIRGINIA DOCTORS HOSPITAL

COFFELT JACK

HISTORY

7-19-73

INFORMANT

DATE 7/17/73

CHIEF COMPLAINT

I have pain in my L leg.

PRESENT ILLNESS

This is 1st NVDH admission for this 48 y.o. WM. former employee who complains of acute calf tenderness in L leg. Pt. has had sinusitis for 7-8 yrs. PTA and was once hospitalized for 1 wk. for edema 2° to these varicose veins. 4-5 days PTA pt. ~~was~~ lifted heavy object and felt burning sensation in lower medial L leg - a local swelling developed at this time. Later became tender, & exquisitely so at 10 AM. today 7/19/73 when pt. stood and noticed hot, flaming sensation in this very localized region below the knee. It has been sensitive to standing ever since this time. Does not hurt to walk but is very susceptible to edema & in standing. Mentions no muscle cramps.

PAST MEDICAL ILLNESS

Allergies - 0 Surgery - 3x for inguinal hernias. 1 car. membrane replaced - 5 yrs. PTA. Good general health otherwise.

FAMILY HISTORY

M.C. orphan.

SOCIAL HISTORY

Smoking HX - 1-2 packs/day x 30 yrs.  
ETOH - heavy - calls self - borderline alcoholic.

REVIEW OF SYSTEMS

N.C.

b6  
b7C

Signed

7 1973

COFFELT JACK

08444 3743 79005

NORTHERN VIRGINIA DOCTORS HOSPITAL

PHYSICAL EXAMINATION

GENERAL CONDITION: B.P. <sup>150</sup>/<sub>90</sub> T. 98.2 P. 100 RESP. 22 WT. \_\_\_\_\_

General: off-balance, up & down, in mild discomfort, oriented x 3, nervous, good HT.

Skin: reddened due to sun exposure.

Eyes: fundi not visible due to constriction. PERL H & EDH - WNL

Ears: Clear to vision, good sound & H.

Nose: WNL

Oral: Hypospharynx, vesicles - erythema.

Throat: Tender, palpable

Neck: Soft, 3 masses, tenderness

Heart: NSR, Clear C<sub>1</sub> & C<sub>2</sub>, mC<sub>1</sub> or C<sub>2</sub> CH: Good pulses.

Lungs: Clear to P & A.

GI: Clear abdomen, No masses, organomegaly, palpable.

GU: C<sub>1</sub> & C<sub>2</sub> tenderness.

Rect: WNL

Extremities: Suppurative, varicose C<sub>1</sub> & C<sub>2</sub>. C<sub>1</sub> leg & large edematous reddened area 5-6 cm diam. in medial aspect of left calf 6 inches above medial malleolus. Similar non-reddened swelling on C<sub>2</sub> leg. Homans' sign. C<sub>2</sub> non-tender C<sub>1</sub> extremely so. Both enlarge on standing.

Reflexes: Intact

PROVISIONAL DIAGNOSES

1. Acute thrombophlebitis

2. \_\_\_\_\_

3. \_\_\_\_\_

EXAMINED BY:

N.V.D.H. Form No. 26

b6  
b7C



Sheet 1  
COFFELT JACK  
RPM 3748 79895  
0525

NORTHERN VIRGINIA DOCTORS HOSPITAL  
DEPARTMENT OF PATHOLOGY  
URINALYSIS

DATE: 7/19

Specimen taken by

☐ Cath. ☒ Void

☐ Clean  
☐ Catch

ADMISSION URINALYSIS

☐ Repeat Urinalysis

Appearance

yellow-clear

☐ Reaction

Acid

☐ Specific Gravity

1.027

☐ Albumin

☐ Sugar

☐ Acetone

☐ Diacetic Acid

☐ Bilirubin

☐ Urobilinogen

Leukocytes

0-2

Erythrocytes

Casts: Hyaline

Finely Granular

Coarsely Granular

Cellular

Waxy

Epithelium

Crystals

Mucus

Mineral

☐ Occult Blood

☐ Glitter Cell

☐ Bence Jones Protein

☐ Sulkowitch (urinary calcium)

☐ Porphobilinogen

☐ Phenylpyruvic Acid

☐ Serotonin (5HIAA)

24 HOUR SPECIMENS:

24 HOUR SPECIMENS:

☐ VMA

☐ 17 Ketosteroids

☐ Catecholamines

☐ 17 Ketogenic steroids

TE

DATE

Nurses Signature

CHART

Sheet 3

LABORATORY REPORT SHEET

NORTHERN VIRGINIA DOCTORS HOSPITAL

N.V.D.H. Form No. 31

12-19-73  
COFFELT JACK  
244-74-79895

NORTHERN VIRGINIA DOCTORS HOSPITAL  
ELECTROCARDIOGRAPH READING

SERVICE	Medical	PREVIOUS EKG-S	No
DIGITALIS:		BODY BUILD	large
QUINIDINE:		HEART MURMURS	
OTHER DRUGS:		BLOOD PRESSURE	150/90
HISTORY:			

CLINICAL DIAGNOSIS:

REQUESTED BY:

DATE TAKEN 7/19/73 ELECTROCARDIOGRAPH NUMBER 1

FINDINGS

RATE:		ELECTRICAL AXIS:	0
VENTRICULAR	96	EKG POSITION:	Semi-Horizontal
AURICULAR	96	Q. T. INTERVAL:	.32
RHYTHM:	NORMAL SINUS RHYTHM		
PR INTERVAL:	.19		
QRS INTERVAL:	.06		

INTERPRETATION:

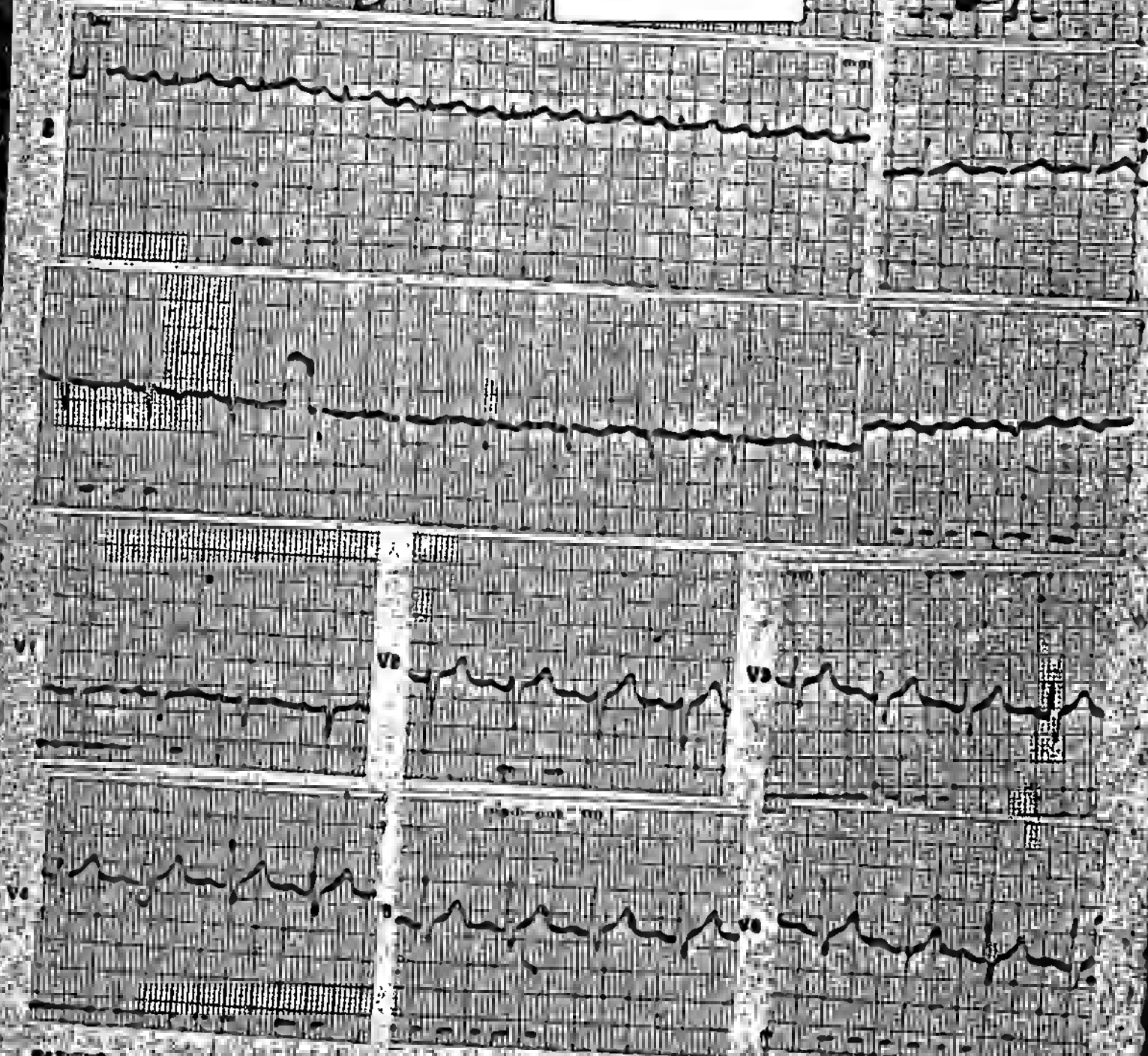
WITHIN NORMAL LIMITS.

SIGNED BY:  M.D.

Coffelt Gail

9/19/83

121



PATIENT

AD. RATE

VE. RATE

REMARKS

RYTHM

P WAVES

T WAVES

P-R INT.

Q-R INT.

ST SEG.

MEDICATION

PATIENT POSITION

CLIN. APP.



DO NOT OPEN THE  
TUBES UNTIL THE

**NORTHERN VIRGINIA DOCTORS HOSPITAL**

# DOCTOR'S ORDER SHEET

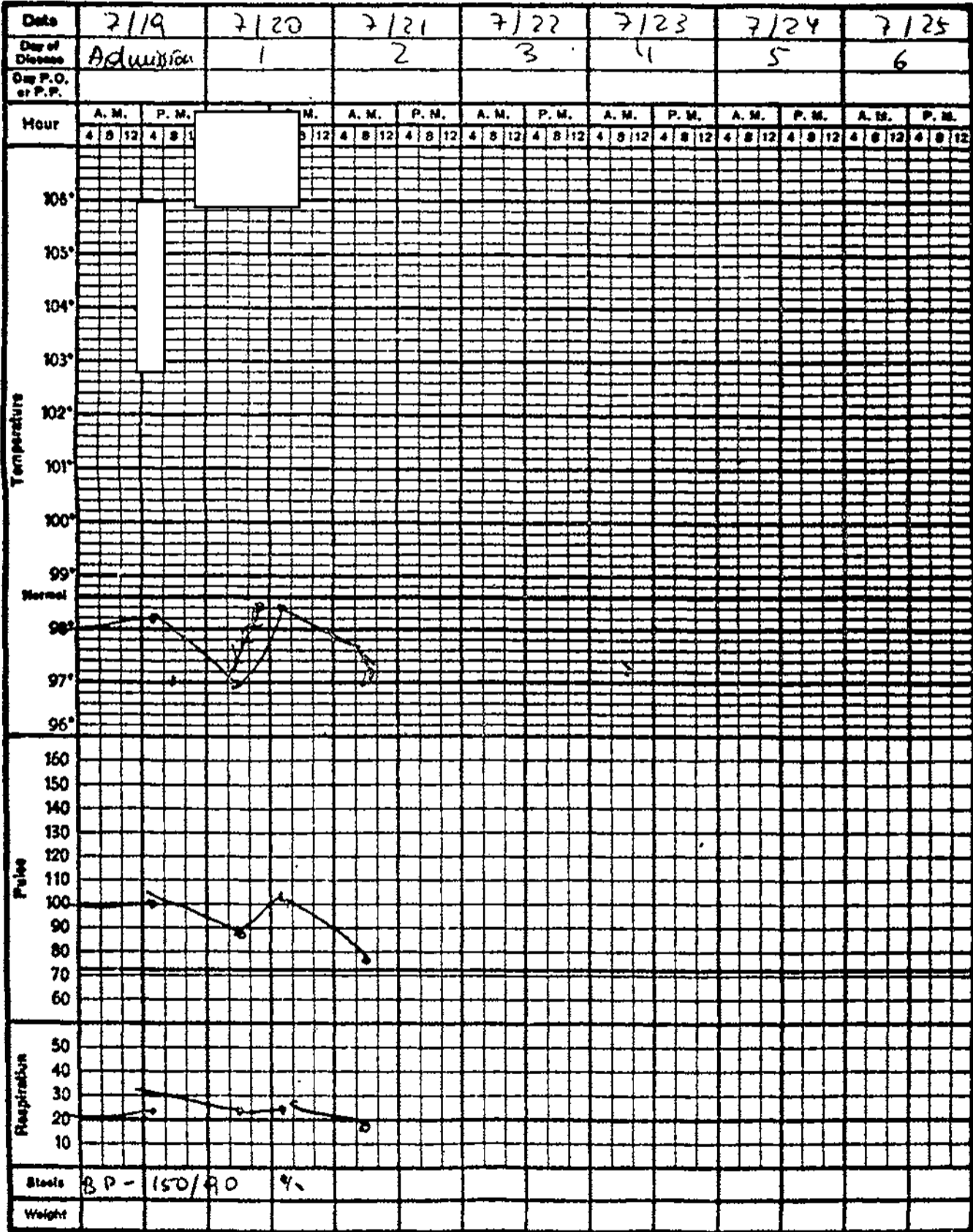
b6  
b7C

**DOCTOR'S ORDER SHEET**

COFFELT JACK  
 PW442 3744 79895  
 DR. NABLS

NORTHERN VIRGINIA DOCTORS HOSPITAL







GRAPHIC CHART



N.V.D.H. Form No. 22

b6  
b7c

**DAILY REPORT - NURSES' NOTES**

NURSES' SIGNATURES:			Total Units To Be Charged	Total Charges  Business Office Use
8-47				
4-12				
12-8				

MEDICATIONS:		DATE: 3/1/9		TIME ADMINISTERED		For	Only
				12 AM to 12 PM	12 PM to 12 AM		
Diclofenac 75 mg po Alka Butazolidin po 300mg (new) Demerol 50 mg stat (po) Valium 10 mg po stat				12:00 12:00 12:00 12:00 12:00			
PARENTERAL FLUIDS							
OXYGEN							
TREATMENT							
ENEMA (S)							
DIET				LAB	X-RAY	EKG	PT
NURSES NOTES							
2:30 Pt is thrombocytopenic seems to be in a severe pain (trying see orthopedic nurses notes) [redacted] AD							
3:00 Refused chest x-ray 4:00 Amoxicillin 500mg po Med 14 for pain Vitals in							
8:00 P.M. could give Med 14 for pain [redacted] AD							

COFFELT JACK  
P 1743 79895

ADMISSION NURSES NOTES

TIME: 2:30 P.M. DATE: 7/19/73

PATIENT ADMITTED: WALKING \_\_\_\_\_ CHAIR \_\_\_\_\_ STRETCHER ✓

SERVICES OF DOCTOR: \_\_\_\_\_

VITAL SIGNS: TEMPERATURE 98.2 PULSE 100 RESPIRATION 22

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ BLOOD PRESSURE 150/90

ADMISSION DIAGNOSIS: thrombophlebitis

HISTORY OF: DIABETES \_\_\_\_\_ IF SO, WHEN? \_\_\_\_\_  
HEART DISEASE NE IF SO, WHEN? \_\_\_\_\_  
EPILEPSY N IF SO, WHEN? \_\_\_\_\_  
TUBERCULOSIS N IF SO, WHEN? \_\_\_\_\_

ALLERGIES: unknown, seafood

USUAL DIET: Regular

MEDICATIONS PRESENTLY BEING TAKEN:

Name	Dosage	Times a Day

MEDICATIONS SENT: HOME \_\_\_\_\_ NURSING OFFICE  

VALUABLES SENT: HOME \_\_\_\_\_ HOSPITAL SAFE  

LIST VALUABLES KEPT WITH PATIENT: \_\_\_\_\_

DENTURES: YES ✓ NO \_\_\_\_\_ GLASSES: YES ✓ NO \_\_\_\_\_

URINATION: FREQUENCY normal NOCTURIA no TIMES PER NIGHT \_\_\_\_\_

BOWELS: CONSTIPATION? no LAXATIVES REQUIRED \_\_\_\_\_

CONDITION OF PATIENT (BRUISES, RASH, SKIN CONDITION AND/OR ANY OTHER PERTINENT INFORMATION):

Pt. with thrombophlebitis seems to be in a severe pain in the @ leg, crying and asking something for pain.

\_\_\_\_\_ GB

**NORTHERN ILLINOIS DOCTORS HOSPITAL**  
**DAILY REPORT - NURSES' NOTES**

COFFELT JACK  
P 114 - 174 79895

8.  
4.  
12

**Total  
Charges**  

---

**Business  
Office  
Use  
Only**

b6  
b7C

**MEDICATIONS:**

DATE- 7-2

12 APR 10 12 PM

DATE	TIME	TEMP	PULSE	BLOOD PRESSURE	RESPIRATIONS	DIET	STools	URINE	OTHER	REMARKS
11/11/54	10:00	100.0	72	110/70	18	1/2	1	1		Medications: Naturn 10 mg po Tid Pimpecillin 500 mg po qid Butazolidin 100 mg po Tid

1954年

Removal 10/27/97 to 9/30/98 for Paris

## PARENTERAL FLUIDS

## OXYGEN

## TREATMENT

4/2 sent to Mr.

## ENEMA (S)

DIET REGULAR

LAB

**X R A Y**

**EKG**

PT

**BMR**

**NURSES NOTES**

832 Lx 4 Mares in Florida -  
B-4 Sell AM love took chrt  
Well. Bk unwounded. Ague  
back in both legs, can work  
of the time. C/O of pain  
in the @ leg. Unchecked x2  
I app relief. Pt seems to be  
very nervous. Posting quickly  
this P. to. [ ] [ ] CN

4-8 Beating gently in  
his diet well  
No voiced complaints  
S 13 H's have been

b6  
b7C

COFFELY JACK  
P-44 2742 79895

[illegible]

DIET	Regular	LAB	X-RAY	EKG	PT	BMR
------	---------	-----	-------	-----	----	-----

[illegible]

# NORTHERN VIRGINIA DOCTORS HOSPITAL

No. 2799

## EMERGENCY ROOM RECORD

☐ Medicare Patient

Last Name <b>Coyett</b>	First Name <b>Jack</b>	Middle Name	Home Phone <b>21-4665</b>	Admission Date <b>7-19-73</b>	Room No.
Address <b>1234 Columbia Pike, Arlington, Va.</b>	City <b>Arlington, Va.</b>	State <b>VA</b>	Age <b>48</b>	Date of Birth <b>2-10-25</b>	Sex <b>M</b>
Employer <b>FBI</b>	Address <b>Unit 20</b>	City	State	Zip	Religion
Name of Blue Cross and/or Blue Shield Plan <b>Blue Cross of VA #1591727</b>			Group No. <b>682820</b>	Contract No. <b>1110-6</b>	Effective Date <b>6-1-72</b>
Other hospitalization insurance			Name	Address	Effective Date
Family Doctor			Notified Yes <input type="checkbox"/> No <input type="checkbox"/>	Brought By Self <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/>	Type of Service X-ray <input type="checkbox"/> PH <input type="checkbox"/> PT <input type="checkbox"/> Lab <input type="checkbox"/> Other <input type="checkbox"/>

Authorizations on Reverse Side Must be Signed by Patient or Authorized Person

EMERGENCY ROOM CHARGES Does Not Include Fee of Attending Physician				OTHER SERVICES RENDERED	
ITEM	CHARGE	ITEM	CHARGE		
Emergency Room		Sutures		X-ray	b6
Anesthetic		Tetanus Antitoxin		Laboratory	b7C
Central Supply		Cast		Physical Therapy	
Dressings		E.O.A.		EKG	
Drugs					
Oxygen					

*No known allergies to drugs* BRIEF HISTORY

If accident state where, when and how injured, if illness describe:

*Rt. leg acute pain in both lower legs, especially  
Rt. one which began this morning & has become  
increasingly worse*

NOTIFIED	
Relative <input type="checkbox"/>	Covered <input type="checkbox"/>
Police <input type="checkbox"/>	By Whom?
Time	

Name	R.N.	Officer's Signature	Badge	Division	Time
------	------	---------------------	-------	----------	------

### PHYSICIAN'S REPORT

CONDITION ON ADMISSION	Good <input type="checkbox"/> Fair <input checked="" type="checkbox"/> Poor <input type="checkbox"/> Shock <input type="checkbox"/> Hemorrhage <input type="checkbox"/> Coma <input type="checkbox"/> Temp. <b>98.6</b> <input type="checkbox"/> Oral <input type="checkbox"/> Rectal <b>100</b> <input type="checkbox"/> Axillary <b>100</b> <input type="checkbox"/> 24 <input type="checkbox"/> 150 <input type="checkbox"/> 80
Treatment	Tetanus Toxoid <input type="checkbox"/> Tetanus Antitoxin <input type="checkbox"/> Tetanus Antitoxin <input type="checkbox"/> <input type="checkbox"/>

Diagnosis	<i>Thrombophlebitis</i>
-----------	-------------------------

Disposition of Case	<i>To be admitted</i>	Referred to Dr.	<input type="checkbox"/>	Date	<b>7/19/73</b>
---------------------	-----------------------	-----------------	--------------------------	------	----------------

INSTRUCTIONS TO PATIENT:	
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# NORTHERN VIRGINIA DOCTORS HOSPITAL

No. 2799

## EMERGENCY ROOM RECORD

7989

4-13742

Last Name <u>Coyne</u>	First Name <u>Walter</u>	Middle Name	Home Phone <u>541 4665</u>	Admission Date <u>7-19-73</u>	Time <u>10:00</u> A.M. P.M.	Hosp. No.
Address <u>1234</u>	City	State	Age <u>48</u>	Date of Birth <u>4-25-25</u>	Sex <u>M</u>	Civil Status <u>M</u> S W D Sep
Employer <u>IBM</u>	Address <u>1234</u>			Compensation Yes <input type="checkbox"/> No <input type="checkbox"/>		Religion
Ref.	Group No. <u>62-820</u>			Contract No. <u>1110-2</u>		Effective Date <u>6-1-73</u>
Other hospitalization insurance			Name	Address	Cert. or Policy No.	Group No.
Family Doctor <u>Dr. H. H. H.</u>	Notified Yes <input type="checkbox"/> No <input type="checkbox"/>	Brought By Self <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Relative <input type="checkbox"/> Other <input type="checkbox"/>	Type of Service X R <input type="checkbox"/> PH <input type="checkbox"/> PT <input type="checkbox"/> Lab <input type="checkbox"/> Other <input type="checkbox"/>			

Authorizations on Reverse Side Must be Signed by Patient or Authorized Person

EMERGENCY ROOM CHARGES Does Not Include Fee of Attending Physician				OTHER SERVICES RENDERED	
ITEM	CHARGE	ITEM	CHARGE		
Emergency Room		Sutures		X ray	<input type="checkbox"/>
Anesthetic		Tetanus Antitoxin		Laboratory	<input type="checkbox"/>
Central Supply		Cast		Physical Therapy	<input type="checkbox"/>
Dressings		E D U		EKG	<input type="checkbox"/>
Drugs					<input type="checkbox"/>
Oxygen					<input type="checkbox"/>

### BRIEF HISTORY

If accident state where, when and how injured, if illness describe

Nurse's Signature <u>[Signature]</u>				R.N.	Officer's Signature <u>[Signature]</u>	Badge	District	Time <u>10:00</u> AM PM
---	--	--	--	------	---	-------	----------	----------------------------

### PHYSICIAN'S REPORT

CONDITION ON ADMISSION Good ☐ Fair ☒ Poor ☐ Shock ☐ Hemorrhage ☐ Coma ☐ Temp. 98.6 Oral Rectal P.O. R. 120 BP 120

Treatment Tetanus Toxoid \_\_\_\_\_ cc. Tetanus Antitoxin Test \_\_\_\_\_ Tetanus Antitoxin \_\_\_\_\_ units

Diagnosis Thrombophlebitis

Disposition of Case Admitted Referred to Dr. [Signature] Date 7/19/73 AM PM

INSTRUCTIONS TO PATIENT.

[Signature] (Date) 7/19/73 (Patient's Signature)

No. 79825

THE UNITED STATES OF AMERICA  
DEPARTMENT OF THE ARMY  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315  
OFFICE OF THE ADJUTANT GENERAL  
WASHINGTON, D. C. 20315

2/19/73

B

NORTHERN VIRGINIA DOCTORS HOSPITAL  
Pre-Employment Interview

NAME Coffelt, Jack DATE 12/6/71

POSITION APPLIED FOR ORDERLY

Type of work: Full Time ☒ Part Time ☐ No. Days per Week 5

FOR NURSING PERSONNEL: Shift: 8-4 4-12 12-8 What days MON-FRI  
Weekends ROTATING  
Other O.T.

DATE AVAILABLE N/A

TRANSPORTATION PROVIDED

HOW REFERRED N. V. SUN

PHYSICAL IMPAIRMENTS NONE

LAST EMPLOYMENT (TYPE OF WORK AND DATE) PRIVATE DUTY

FAMILY: Husband's (or Wife's) Occupation \_\_\_\_\_

Children \_\_\_\_\_ Their ages \_\_\_\_\_ Care Provided \_\_\_\_\_

IMPRESSIONS:

	EXCELLENT	GOOD	FAIR	POOR
Appearance	<input checked="" type="checkbox"/>			
Personality		<input checked="" type="checkbox"/>		
Health		<input checked="" type="checkbox"/>		
Qualifications	<input checked="" type="checkbox"/>			
Knowledge of skills		<input checked="" type="checkbox"/>		
Interest		<input checked="" type="checkbox"/>		

RECOMMEND FOR EMPLOYMENT YES

REMARKS: going NVCC FOR NURSING degree - has scrubbed on Surg. + ASSISTED  
much experience in hospitals - very talkative - good salesman  
2nd choice

Employment to Commence 12/8/71 Department O.R.

Shift 9-3 ☒ FT ☐ PT SALARY \$ 410

APPROVAL [Signature] DIFF. + O.T.

Administrator

101 NORTHERN VIRGINIA DOCTORS HOSPITAL  
EMPLOYEE EVALUATION AND JOB PERFORMANCE REPORT

Name: Coffett Jack —  
Last First Initial

Date: 3/29/72

Department: OR

3 Mos. Probationary Period \_\_\_\_\_  
Annual \_\_\_\_\_  
Termination ☒

Station: DR

Position: *acutely*

Full Time:-- ☒ Part Time; ☐

Shift: 9-5<sup>30</sup>

Temporary: \_\_\_\_\_ Permanent: ✓

Grading from left  
to right indicates  
lowest to  
highest

Unsatisfactory
Marginal
Satisfactory
Excellent
Outstanding

NOTE: If employee is graded unsatisfactory in any category, this report must be shown, discussed, and signed by employee as an acknowledgement of contents.

Remarks

## Attendance

Job Performance

very Thorough

### Ability

Industry

## Dependability

## Cooperation

### Appearance

## Personality

## Health

## GENERAL

REMARKS A very loyal employee hard working conscientious

short term employment due to sudden death in family - legal

Affairs were prolonged in settlement. - He felt it not fair to continue with the employee shortage.

Employee's

Signature\_\_\_\_\_

Department

Signature \_\_\_\_\_

b6  
b7c

Approved X

Disapproved

Remarks \_\_\_\_\_

**\_\_\_\_\_**

Date \_\_\_\_\_

Administrato

DB Cooper 3/902

NORTHERN VIRGINIA DOCTORS HOSPITAL  
Arlington, Virginia

TERMINATION

Date: 3-29-72

b6  
b7C

Employee's Name TACK COFFETT  
First Middle Last

Department \_\_\_\_\_ Position \_\_\_\_\_

Reason For Termination: (Check One) Remarks: (Briefly indicate nature of action.)

Voluntary Resignation ☒ Sudden death in family - prolonged  
End Temp. Assignment \_\_\_\_\_ legal matters to settle concerning  
Discharge \_\_\_\_\_ death.  
Other \_\_\_\_\_

Employees Rating:	Excellent	Very Good	Good	Satisfactory	Unsatisfactory
Performance	_____	_____	<input checked="" type="checkbox"/>	_____	_____
Attendance	_____	<input checked="" type="checkbox"/>	_____	_____	_____
Attitude	_____	<input checked="" type="checkbox"/>	_____	_____	_____
Appearance	_____	_____	<input checked="" type="checkbox"/>	_____	_____
Personality	_____	_____	<input checked="" type="checkbox"/>	_____	_____

Remarks: Employed only short time BUT eager & willing  
worker. TRIED almost too hard to please people. Did work  
thoroughly & with pride in his work, was on leave without  
pay BUT AFFAIRS took longer than expected to settle.

Last Day Actually Worked: FRI MAR 29 MAR 3, 19 72  
Day Date

Would you rehire? ☒ Yes ☐ No Subject To: \_\_\_\_\_

Supervisor

R.N.  
O.R.S.

b6  
b7C

NOTED AND APP

Adminis

Northern Virginia Doctors Hospital

Termination record received: \_\_\_\_\_  
(Date)

REMARKS: \_\_\_\_\_  
Earnings record filed: \_\_\_\_\_  
Leave slip filed: \_\_\_\_\_  
Time card filed: \_\_\_\_\_  
Record card filed: \_\_\_\_\_  
Hospital termination cancelled: \_\_\_\_\_  
Switchboard: \_\_\_\_\_

Form #

February 29, 1972

This is to certify that

Coffelt, Jack

attended the Orientation Program held on this date.



b6  
b7C

NORTH VIRGINIA DOCTORS HOSPITAL  
EMPLOYEE EVALUATION AND JOB PERFORMANCE REPORT

Name: COFFERT, JACK  
Last First Initial

Date: 1/6/72

Department: O.R.

3 Mos. Probationary Period \_\_\_\_\_  
Annual ☒ Termination \_\_\_\_\_

Station: O.R.

Position: ordrly

Full Time: ☒ Part Time: \_\_\_\_\_

Shift: 9-5<sup>30</sup>

Temporary: \_\_\_\_\_ Permanent: ☒

Grading from left to right indicates lowest to highest

Unsatisfactory  
Marginal  
Satisfactory  
Excellent  
Outstanding

NOTE: If employee is graded unsatisfactory in any category, this report must be shown, discussed, and signed by employee as an acknowledgement of contents.

Remarks

Attendance					<input checked="" type="checkbox"/>					Reports on Duty even when NOT well.
Job Performance					<input checked="" type="checkbox"/>					
Ability					<input checked="" type="checkbox"/>					
Industry								<input checked="" type="checkbox"/>		
Dependability					<input checked="" type="checkbox"/>					
Cooperation					<input checked="" type="checkbox"/>					
Appearance					<input checked="" type="checkbox"/>					
Personality					<input checked="" type="checkbox"/>					
Health					<input checked="" type="checkbox"/>					

GENERAL

REMARKS A new employee - has potential of becoming a very good ordrly  
takes CRITISM well - tries almost too hard to please - hard working  
sees work to do. Learns quickly

Employee's Signature \_\_\_\_\_

Department Head Signature \_\_\_\_\_

Approved ☒ \_\_\_\_\_

Disapproved \_\_\_\_\_

Date \_\_\_\_\_

Remarks \_\_\_\_\_

Administrator \_\_\_\_\_

b6  
b7C

COFFEIT, JACK

EMP.

## NORTHERN VIRGINIA DOCTOR'S HOSPITAL

DEPARTMENT OF PATHOLOGY

## SEROLOGY I

DATE: 12-13-71

☐ Admission Serology☐ Pre Marital Serology

VDRL Slide Test

☐ VDRL Quantitative☐ FTA - ASS☐ Febrile Agglutinations☐ Direct Coombs☐ Indirect Coombs☐ Rh Titer☐ Monospot☐ Heterophile☐ ASO-Titer☐ R. A. Test (Latex)☐ C-Reactive Protein

CHART

S127K

COFFEIT, JACK

EMP.

## NORTHERN VIRGINIA DOCTOR'S HOSPITAL

DEPARTMENT OF PATHOLOGY

## URINALYSIS

DATE: 12-13-71

## SPECIMEN TAKEN BY

☐ Cath☒ Void☐ Clean  
Catch☐ ADMISSION URINALYSIS☐ Repeat Urinalysis  
Appearance☐ Reaction☐ Specific Gravity☒ Albumin☒ Sugar☐ Acetone☐ Diacetic Acid☐ Bilirubin☐ Urobilinogen

Leukocytes

Erythrocytes

Casts: Hyaline

Finely Granular

Coarsely Granular

Cellular

Waxy

Epithelium

Crystals

Mucus

Miscel:

☐ Occult Blood☐ Glitter Cell☐ Bence Jones  
Protein☐ Sulkowitch  
(urinary calcium)☐ Porphobilinogen☐ Phenylpyruvic  
Acid☐ Serotonin (5HIAA)

## 24 HOUR SPECIMENS

☐ VMA☐ 17 Ketosteroids☐ Catecholamines☐ 17 KetogenicsteroidsTECH  
DATE

Nurses Signature

12-13-71

CHART

RE EST FOR BLOOD TEST AND UR .LYSIS

#9

Employee's Name COFFLET, JACK

Date of Request 12-13-71

New Employee X

Annual Follow-up \_\_\_\_\_

Semi-Annual Follow-up \_\_\_\_\_

Please send copy of report to the Personnel Office to be filed in employee's personnel folder.



b6  
b7C

NVDH Form #F-201

Personnel Office

NORTHERN VIRGINIA DOCTORS HOSPITAL CORP.

601 S. CARYLN SPRINGS ROAD  
ARLINGTON, VIRGINIA 22204

To:

Hutchinson, Kansas

December 8, 1971

b6  
b7C

Regarding: Jack Coffelt

We would greatly appreciate your opinion of the above named applicant for the position of:

O.R. Orderly in this hospital

Employed by you from: I can't identify this boy

Student in your hospital from: for sure if he is the Graduated: Yes ☐ No ☐

Position held: Don't know + thinking of, he was

Reason for leaving your employment: excellent in all his work

Would you re-employ? Yes ☐ No ☐ if no, would you comment under Remarks?

	*GOOD	*SATISFACTORY	*NEEDS IMPROVEMENT
Attendance:			
Job Performance:			
Ability:			
Industry:			
Dependability:			
Cooperation:			
Appearance:			
Personality:			
Health:			

REMARKS:

Sign

By:

Title

b6  
b7C

R.N.E

R.N.

Operating Room Supervisor

\*(Please Check (X) or comment if indicated.)

N.V.D.H. Form 57

DB Cooper-37908

Social Security Number 513-26-2420

**NORTHERN VIRGINIA DOCTORS HOSPITAL CORP.**

601 S. CARLYN SPRINGS ROAD  
ARLINGTON, VIRGINIA

**APPLICATION FOR APPOINTMENT**

Date: Dec. 6, 1971

NAME: (~~Miss~~ Mrs., Mr.) Jack Poffelt Telephone: 521-4665

ADDRESS: (Permanent) 4208 So. 24th Rd (Local) Arlington, Va

Date of Birth: 1924 Height: 6.2 Weight: 195 Date of last Physical Examination: Nov 1970

Date and diagnosis of any recent illness: no Marital Status - M..... S. ☒ Other..... No. of Dependents: 0

Position for which Application is made: O.R. Ordery Date Available: now Minimum Salary Expected: .....

**REGISTRATION:**

By examination in which state: .....

Certificate Number: .....

Virginia: .....

Certificate Number: .....

Other States: .....

MEMBERSHIP: Alumnae..... A.N.A..... L.N.E..... A.R.C..... Other.....

**ACADEMIC AND PROFESSIONAL QUALIFICATIONS:**

Name	City and State	Dates	Diploma Degree Credits	Course
------	----------------	-------	------------------------	--------

High School: yes

School of Nursing: yes

College or University: University of Kansas 3 years

Clinical Post-grad. Courses: .....

**EMPLOYMENT EXPERIENCE:**

Position title:	Institution or Agency:	Address:	Dates:	(Duties describe briefly)
-----------------	------------------------	----------	--------	---------------------------

<u>Baptist Hospital, Minnie, Okla</u>	<u>DR. I. F. Eilers</u>	<u>San Antonio, Lancaster, California</u>	<u>3 years</u>	<u>Hutchinson, Kansas</u>
<u>Hoffman's Furniture</u>	<u>2534 + 2447 18th St. N.W.</u>	<u>Washington, D.C. 20007</u>	<u>1974-1976</u>	<u>18th St</u>
<u>Washington, Va</u>	<u>CO 5-7300 (30 mo)</u>	<u>CO 5-5116</u>		

PROFESSIONAL REFERENCES:	Name	Position	Address
1.	<u>College of L. &amp; Sciences</u>	<u>University of Kansas</u>	<u>Laurance</u>
2.	<u>[redacted]</u>	<u>tele. 604</u>	<u>Kansas</u>

Date: .....

Signature: Jack Poffelt

Please Attach  
Recent Photograph

(Please use this space for additional information  
regarding education, experience, etc.)

In case of emergency,  
Person to be notified

Relationship

Address

Phone

(Please do not write below this line)

b6  
b7c

Date application received: References received:

Date of employment: Position title:

Initial Salary:

CHANGES IN POSITION STATUS

SALARY INCREASE

Date:

Change:

Date:

New Salary:

RESIGNATION: Date: Letter of notification received:

Summary of Professional progress submitted:

DISMISSAL FROM HOSPITAL EMPLOYMENT:

Date:

Remarks:

Signed:

Title:

Date:

REQUEST FOR CHEST X-RAY

Employee's Name COFFLET, JACK

Date of Request 12-13-71

Date of Last Chest X-Ray \_\_\_\_\_

New Employee X

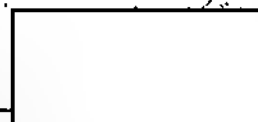
Annual

Follow-up \_\_\_\_\_

Semi-Annual

Follow-up \_\_\_\_\_

Please send copy of report to the Personnel Office to be filed in employee's personnel folder.



Personnel Office

NVDH F#200

b6  
b7c

# 59558 December 14, 1971 Chest shows pleural scarring at the left base. Otherwise the lungs are clear. The heart, mediastinum, and bony thorax appear normal.

[REDACTED] M.D.

b6  
b7C

## EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Type or print full name JACK COFFELT Social Security Number 513-26-2480  
Home address 4208 So. 12th Rd. City ARLINGTON State VA ZIP code 22204

### EMPLOYEE:

File this form with your employer. Otherwise, he must withhold U.S. income tax from your wages without exemption.

### EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the District Director should be so advised.

### HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE (or if married and wish withholding as single person), write "1." If you claim no exemptions, write "0". . . . 0
2. If MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.  
(a) If you claim both of these exemptions, write "2"; (b) If you claim one of these exemptions, write "1"; (c) If you claim neither of these exemptions, write "0". . . . 2
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):  
(a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1"; if both will be 65 or older, and you claim both of these exemptions, write "2". . . .  
(b) If you or your wife are blind, and you claim this exemption, write "1"; if both are blind, and you claim both of these exemptions, write "2". . . .
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under Instruction 4 on other side.) . . . .
5. If you claim additional withholding allowances for itemized deductions fill out and attach Schedule A (Form W-4), and enter the number of allowances claimed (if claimed file new Form W-4 each year) . . . . 0
6. Add the exemptions and allowances (if any) which you have claimed above and write total . . . . \$
7. Additional withholding per pay period under agreement with employer. (See Instruction 1.) . . . . \$

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.  
(Date) Dec 13, 1971 (Signed) Jack Coffelt

048-10-79061-1

## VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

EMPLOYEE: File this form with your employer.

Print full name JACK COFFELT Social Security Number 513-26-2480  
Print home address in full detail 4208 So. 12th Rd. Arlington, VA

### HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you are neither 65 nor blind, enter \$1,000 for yourself; if either 65 or blind, enter \$1,600; if both 65 and blind, enter \$2,200 . . . . \$ 0
2. If you are married and your wife (or husband) has no gross income, or if you and your wife (or husband) intend to file a joint return, and if your wife (or husband) is neither 65 nor blind, enter \$1,000 for her (or him); if either 65 or blind, enter \$1,600; if both 65 and blind, enter \$2,200. If your wife (or husband) has income subject to Virginia income tax withholding and claims own exemption on own withholding exemption certificate, do not make any entry here. . . . \$
3. If for the year you will provide more than one-half of the support of a dependent relative (see Instruction 5 on back), enter the number here \_\_\_\_\_, multiply the number by \$300, and enter result here . . . . \$
4. If you are an UNMARRIED person, and among the dependents claimed in Line 3 above, there is your father, mother, son, daughter, sister or brother, enter here \$700 for only one such dependent. . . . \$
5. Add the amounts of exemptions which you have claimed above and enter the total here. . . . \$ 0

I CERTIFY that the amount of withholding exemptions claimed on this certificate does not exceed the amount to which I am entitled.  
(Date) Dec 13, 1971 (Signed) Jack Coffelt

**1. NUMBER OF EXEMPTIONS.**—Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax than will be withheld, a smaller number of exemptions may be claimed or you may enter into an agreement with your employer to have additional amounts withheld. Note this if you have more than one employer, or if both husband and wife are employed.

**2. ITEMIZED DEDUCTIONS.**—See Schedule A (Form W-4) for instructions on claiming additional allowances based on large itemized deductions.

**3. CHANGES IN EXEMPTIONS.**—You may file a new certificate at any time if the number of your exemptions INCREASES.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES because:

(a) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(c) You find that a dependent for whom you claimed exemption will receive \$600 or more of income of his own during the year (except your child who is a student or who is under 19 years of age).

The death of a wife or a dependent, does not affect your withholding until the next year, but requires the filing of a new certificate. If pos-

sible, file a new certificate by December 1 of the year in which the death occurs.

For further information consult your local District Director of Internal Revenue or your employer.

**4. DEPENDENTS.**—To qualify as your dependent (line 4 on other side), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must have less than \$600 gross income during the year (except your child who is a student or who is under 19 years of age), and (c) must not be claimed as an exemption by such person's husband or wife, and (d) must be a citizen or resident of the United States or a resident of Canada, Mexico, the Republic of Panama or the Canal Zone (this does not apply to an alien child legally adopted by and living with a United States citizen abroad), and (e) must (1) have your home as his principal residence and be a member of your household for the entire year, or (2) be related to you as follows:

Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;  
Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;  
Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law, or sister-in-law;  
Your uncle, aunt, nephew, or niece (but only if related by blood).

**5. PENALTIES.**—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemptions.

U.S. GOVERNMENT PRINTING OFFICE 648-16-70061-1

**1. IF YOU FAIL** to file this certificate with your employer, he must withhold Virginia income tax from your wages without exemption. If an employer believes that an employee is claiming an excessive amount of exemptions, he will advise the Department of Taxation.

**2. AMOUNT OF EXEMPTIONS.**—Do not claim more than the correct amount of exemptions. However, if you expect to owe more income tax for the taxable year than will be withheld if you claim every exemption to which you are entitled, you may increase the withholding by claiming a smaller amount of exemptions or you may enter into an agreement with your employer to have additional amounts withheld.

**3. EMPLOYEES WITH TWO OR MORE EMPLOYERS.**—If you have more than one employer and wish to increase your withholding to an amount nearer your correct income tax you should claim a smaller amount or no exemptions on each Form Va.—4 filed with all employers other than your principal employer.

**4. CHANGES IN EXEMPTIONS.**—You may file a new certificate at any time if the amount of your exemptions INCREASES.

You must file a new certificate within 10 days if the amount of exemptions previously claimed by you DECREASES for any of the following reasons:

(a) Your wife (or husband) for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is

taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(c) You find that a dependent for whom you claimed exemption will receive \$600 or more of income of his own during the taxable year.

**OTHER DECREASES.**—An exemption, such as the death of a wife or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

**5. DEPENDENTS.**—Do not claim any dependent in Line 3 (on other side) unless he or she meets all four of the following tests: (a) He or she is receiving over one-half of his or her support from you for the taxable year, and (b) he or she is "closely related" to you, and (c) he or she will not have as much as \$600 gross income of his or her own during the taxable year (if a son, daughter, stepson, or stepdaughter is a full time student at an educational institution, this limitation does not apply), and (d) if married, her or his exemption is not claimed by her husband or his wife. "Closely related" means your children (including stepchildren and legally adopted children) and grandchildren; your parents and grandparents; your brothers and sisters; your immediate "in-laws" (mother-, father-, son-, daughter-, brother-, sister-in-law); your blood related uncles, aunts, nieces, and nephews.

If you are a married person, do not make any entry whatsoever in Line 4 (on other side).

**6. PENALTIES.**—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

**EMPLOYER.—KEEP THIS CERTIFICATE WITH YOUR RECORDS.**

TO THE ADMINISTRATOR  
NORTHERN VIRGINIA DOCTORS HOSPITAL

I hereby acknowledge receipt of a copy of *PERSONNEL POLICIES*  
of *NORTHERN VIRGINIA DOCTORS HOSPITAL*.

I have read, thoroughly understand, and hereby agree to carry out the  
policies outlined to the best of my ability.

*Jack Caffelt*  
.....  
Name

*Dec 13, 1971*  
.....  
Date

*O. R.*  
.....  
Position

To be signed and submitted to the Administrator before receiving first pay.

Northern Virginia Doctors Hospital  
Approval of Employment and Payroll Authorization

NAME Jack Coffelt  
First Middle Last

DEPARTMENT O.R. SHIFT 9-530

FORMS COMPLETED BY EMPLOYEE:

State Tax Withholding Statement ✓

Federal Tax Withholding Statement ✓

Hospitalization: None IND

Individual IND

Family IND

PHYSICAL REQUIREMENTS: (To be initialed by Departments)

X-RAY

LABORATORY

FORMS COMPLETED BY BUSINESS OFFICE:

Payroll Record ✓

Leave Record ✓

Switchboard Tab ✓

Pen

THIS FORM IS TO BE RETURNED TO THE BUSINESS OFFICE. NO SALARY  
CHECKS WILL BE ISSUED WITHOUT THIS FORM.

Car Tag # 1630

Jack Coffelt  
Employee Signature

F#104  
Revised 2-24-69

14052

(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Item	Date Filed	Disposition
595	5/4/77	Photo of [redacted]
596	5/4/77	Photo of [redacted]
597	5/4/77	Photo of [redacted]
598	5/4/77	Photo of [redacted]
599	5/4/77	Photo of [redacted] sub 5
600	5/4/77	Photo of [redacted] for [redacted]
601	5/5/77	Copy of Sparks separation form - SD-214 Sub 845
602	5/5/77	Handwriting specimen of [redacted]
603	5/5/77	Postcard received by [redacted] (Sub 2/6/77 827)
604	5/22/77	Photo of Richard W. [redacted] Chatham (Sub 90)
605	6/25/77	PUF from US Postal Service
606	6/29/77	Photos of [redacted] in [redacted] [redacted] pilots
607	6/29/77	Photo of [redacted]
608	7/5/77	FD-395 & interview log [redacted]
609	7/5/77	Agents notes [redacted]
610	7/25/77	Photo of [redacted]
611	7/25/77	Investigative notes, from [redacted]
612	7/25/77	Letter from [redacted]

b6  
b7Cb6  
b7Cb6  
b7C  
b7D

104-81-1A

SEARCHED	INDEXED
SERIALIZED	FILED
MAY 4 1977	
FBI - SEA	

b6  
b7C

File No. Se 164-81-7430Date Received 4/11/77From b6  
b7CDMV Drivers License  
(ADDRESS OF CONTRIBUTOR)C. G. ...  
(CITY AND STATE)SC

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes  
☐ No

Receipt Given

☐ Yes  
☐ No

Description :

copy of D L ofb6  
b7C



164-81-1A

596

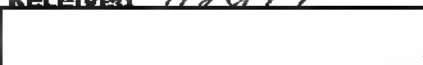
File No.

164-81-7465

Date Received

4/26/77

From

b6  
b7CDMV - Drivers License  
(ADDRESS OF CONTRIBUTOR)

Olympia WA

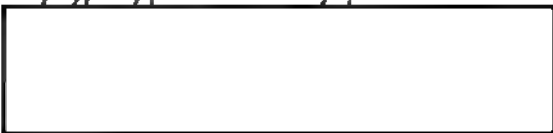
SAC

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes  
☐ NoReceipt Given ☐ Yes  
☐ No

Description :

copy of DL of

b6  
b7C

164-81-1A

DEPARTMENT OF MOTOR VEHICLES  
DRIVER RECORDS

Date 7-26-77

The attached photostatic copy of the Washington State Driver's

License/Identification Card/Instruction Permit was issued

on 5-26-76

DR-552-6 B/W Photo Issue Date (R/9/75)

DB Cooper-37921

164-81-1A (597)

File No. 164-81  b6  
b7C

Date Received 4/18/77

From SO EVERTT  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)  
EVERTT, WASH

b6  
b7C  
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes  
☒ No

Receipt Given ☐ Yes  
☒ No

Description :

(1) photo of

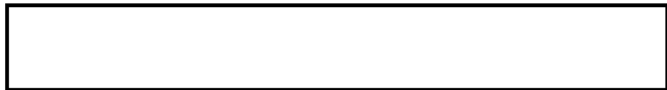
b6  
b7C

235-

6'

BAN - ETS

ban. hpiu



b6

b7C

164-81-1A

547

DB Cooper-37924

FD-340 REV (6-24-65)

File No.

164-81-11

(JFF)

Date Received

4/16/77

From

(NAME OF CONTRIBUTOR)

DMV

(ADDRESS OF CONTRIBUTOR)

Olympia, Wash.

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:

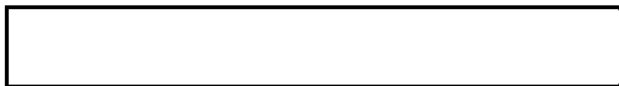
COPY OF  
Drivers License

b6  
b7C

b6  
b7C

b6  
b7C

DB Cooper-37925



b6  
b7C

SE 164-81-14 (598)

DB Cooper-37927

(599)

164-81-1A

File No. 164-81 SUB J

Date Received 4/13/77

From WASH STATE DMV  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

ALUMINUM WY

[REDACTED] b6  
[REDACTED] b7C  
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes  
☒ No

Receipt Given ☐ Yes  
☒ No

## Description :

- COPY OF [REDACTED] b6  
[REDACTED] b7C  
WASH. STATE  
BANK'S L.C.



169-8171A

b6  
b7C

File No.

Narjah

164-81-1A

(600)

Date Received

4/21/77

From

PP

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Spokane, WA

(NAME OF SPECIAL AGENT)

b6  
b7C

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:

Photo + printout for

b6  
b7C

PUNT TIEPIN 04/21/77 09:09:03 02

NAME- [REDACTED] : : RACE-W: SEX-M: DOB- [REDACTED]

b6  
b7c

WANT STATUS-NO WANT : JAIL STATUS-NOT IN CUST : TEMPERAMENT-TEMP UNKNOWN.

HEIGHT-510: WEIGHT-158: HAIR-BLACK: EYE-BROWN: LIC#- [REDACTED] LIC. ST-WA.

ADDRESS- [REDACTED] : SPOKANE : WA: IDENT#- [REDACTED] FBI#- :

PURGED- MISC-REPORTS [REDACTED]

END OF RECORD

DB Cooper-37932

b6

b7C

164-81-1#1

DB Cooper-37934

*Sub 845*

File No.

*164-81-1A**(601)*

Date Received

*4/9/77*

From

*Quenchage*

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☐

No

☐

No

Description:

*Copy of Sparks  
separation form  
from Air Force, DD 214*

*see ser 7481*

SE 164-81-1A (60)

KEEP ATTACHED TO EXHIBIT

ISSUED BY THE VETERANS ADMINISTRATION TO BE USED BY ANY ELIGIBLE VETERAN IN CONNECTION WITH THE ACT OF 1944 AS AMENDED FOR COMPLETION OF A CERTIFICATE OF ELIGIBILITY FOR LIFE INSURANCE.

SECRET

USED FOR THE STUDENT UNDER TITLE III OF THE

# REFUGEE

Jain 24, 1966

DB Cooper-37936

REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES		REPORT OF SEPARATION FROM THE ARMED FORCES OF THE UNITED STATES	
1. FIRST NAME - FIRST NAME - MIDDLE NAME JAMES E. JAMES		2. SERVICE NUMBER 1 432 67	
3. GRADE - RATE - RANK AND DATE OF PROMOTION Pvt 1st Class		4. COMPONENT AND BRANCH Infantry	
5. DATE OF ENTRY 10/20/50		6. EFFECTIVE DATE OF SEPARATION 11/1/50	
7. REASON AND AUTHORITY FOR SEPARATION ADJ 31-10		8. PLACE OF SEPARATION Davis-Lanthorn AFB, Texas	
9. DATE OF BIRTH 11/1/22		10. PLACE OF BIRTH (City and State) Clayton, Ohio	
11. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) 1 Centro Imperial Co Calif		12. NO. TO 1	
13. SELECTIVE SERVICE NUMBER 4 1 32 73		14. SELECTIVE SERVICE LOCAL BOARD NUMBER (City, County, State) 1 Centro Imperial Co Calif	
15. TRANSFERRED TO A RESERVE COMPONENT NO		16. COMPONENT AND BRANCH OR CLASS ADJ 31-10	
17. MEANS OF ENTRY OTHER THAN BY INDUCTION Enlisted		18. GRADE - RATE OR RANK AT TIME OF ENTRY INTO ACTIVE SERVICE Pvt 1st Class	
19. DATE AND PLACE OF ENTRY INTO ACTIVE SERVICE 11/1/50 Davis-Lanthorn AFB, Texas		20. HOME ADDRESS (Lasting of entry into active service) 123 California Calif	
21. STATEMENT OF SERVICE FOR PAY PURPOSES A YEARS B MONTHS C DAYS 4 0 0		22. PAYMENT ALLOWANCE PAID ON EXTENSION DAY MONTH YEAR 1 1 1	
23. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD 4 0 0		24. NET SERVICE COMPLETED FOR PAY PURPOSES THIS PERIOD 4 0 0	
25. TOTAL NET SERVICE COMPLETED FOR PAY PURPOSES 4 0 0		26. PAYMENT ALLOWANCE PAID ON EXTENSION DAY MONTH YEAR 1 1 1	
27. RECOGNITIONS, MEDALS, BADGES, COMMENDATIONS, CITATIONS AND CAMPAIGN HONORS AWARDED OR AUTHORIZED NATIONAL GUARD		28. MOST SIGNIFICANT DUTY ASSIGNMENT HQ 303rd (JAG)	
29. WOUNDS RECEIVED AS A RESULT OF ACTION WITH ENEMY FORCES (Place and date, if known) None		30. SERVICE TRAINING COURSES SUCCESSFULLY COMPLETED None	
31. GOVERNMENT INSURANCE INFORMATION (A) Permanent plan premium must continue to be paid when dem. or within 31 days thereafter, or insurance will lapse. (B) Term insurance dem. under value (C) Term insurance under value - premium payment must be received within 120 days after separation. Forward premium as NLT to Veterans Administration Office having jurisdiction over the man shown in item 47. Forward premiums on USGI to Veterans Admin. Contact nearest VA office for information regarding Government Life Insurance.		32. MONTH ALLOTMENT DISCONTINUED N/A	
33. MONTH ALLOTMENT DISCONTINUED N/A		34. MONTH REST PREMIUM DUE N/A	
35. TOTAL PAYMENT UPON SEPARATION N/A		36. TRAVEL OR RELEASE ALLOWANCE INCLUDED IN TOTAL PAYMENT N/A	
37. DISBURSING OFFICER'S NAME AND SYMBOL NUMBER N/A		38. REMARKS (Continuing on reverse) N/A	
39. DATE OF LAST CIVILIAN EMPLOYMENT 1950		40. NAME AND ADDRESS OF LAST CIVILIAN EMPLOYER 1st Office Clerk, California Calif	
41. UNITED STATES CITIZEN YES		42. MARITAL STATUS Married	
43. MON. SERVICE EDUCATION 8 4 2		44. DEGREE None	
45. COMPENSATION, PENSION, INSURANCE BENEFITS, ETC. None		46. CLAIM NUMBER N/A	
47. PERMANENT ADDRESS FOR MAILING PURPOSES AFTER SEPARATION (Last, R.F.D. City, County and State) 6023 California Calif		48. SIGNATURE OF PERSON BEING SEPARATED James E. James	

DD FORM 214 EDITION OF 1 JAN 60 IS OBSOLETE.

INDIVIDUAL'S COPY (TO BE DELIVERED TO THE INDIVIDUAL BEING SEPARATED)

1

DB Cooper-37937

DOCUMENT NO. \_\_\_\_\_  
RECORDED REQUEST OF  
R. E. Ostrander

1956 FEB 13 PM 4:47

BOOK 929 PAGE 501

OFFICIAL RECORDS  
IMPERIAL COUNTY, CALIF.  
EVALYN B. WESTERFIELD  
COUNTY RECORDER

NO FEE - COUNTY RECORDS  
INDEXED

I HEREBY CERTIFY THAT THIS IS A FULL TRUE AND CORRECT COPY OF THE  
DOCUMENT RECORDED IN THIS OFFICE, BOOK 929 PAGE 501 OFFICIAL RECORDS.  
EVALYN B. WESTERFIELD, COUNTY RECORDER, COUNTY OF IMPERIAL.

DATE FEB 16 1958

BY

DEPUTY  
b6  
b7C

164-81-14 (602)

File No.

NH 164-77-1A<sup>v</sup>

Date Received

From

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By

SA

b6

b7C

To Be Returned ☐ Yes☐ NoReceipt given ☐ Yes☐ No

Description:

Handwritten specimen  
of

b6

b7C

DB Cooper-37938

see per 7483

SE 164-81-1A (602)  
KEEP ATTACHED TO EXHIBIT



b6  
b7C

164-81-1A (603)

File No. 164-77-1A-5

Date Received 6/10/76

From

(NAME OF CONTRIBUTOR)

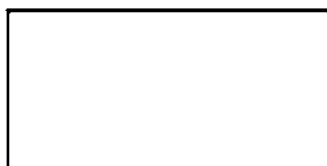
(ADDRESS OF CONTRIBUTOR)

Sa  b6  
b7C

To Be Returned ☐ Yes ☐ No      Receipt Given ☐ Yes ☐ No

Description:

Postcard recieved by  
Danbury R.A. 6/9/76

b6  
b7C

see ser 7483

DB Cooper 3/940

SE 164-81-1A (603)  
KEEP ATTACHED TO EXHIBIT

Charles Thomson

Patriot



U.S. Postage 7¢

Federal Bureau of Investigation  
342 Main St.  
Danbury, Ct. 06810

AMERICAN CANCER SOCIETY  
—GIVE—  
STRIKE BACK AT CANCER



DB Cooper 37941

6/11/76

b6  
b7c

I.E. SKYJACKING Northwest Boeing 727 several years ago by passenger D.B.COOPER. I believe [redacted] New Fairfield, Ct may be the infamous D.B.Cooper. [redacted] matches the discription, he has flown the 727 as a crewman and knows the operation of the airstairs and has parachute training having been a USAF pilot. He has financial holdings in Mexico unreported. His expenditures far exceed his income. In recent years he has purchased [redacted] \$ 65,000 [redacted] \$112,000 [redacted] \$7,000 auto [redacted] [redacted] snowmobiles [redacted].

Also he has had much expensive work done [redacted]. He has made some statments about the NW incident about the exact date the statue of limitations occures that only a person in the know would know. [redacted] one night made the statement that she knew something about him which would put him away for good if she told. Danbury News Times personel if you want more info DB Cooper 3/942

Sub 902

SE 164-81-1A

SL 164-63 1A

File No.

Date Received 5/2/77

From

b6

b7C

(ADDRESS OF CONTRIBUTOR)

Mexico, Mo.

(CITY AND STATE)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:

1 photo of RICHARD VINCENT CHATHAM

Re St. Louis airtel to Seattle,  
5/9/77Denver 7497

DB Cooper 3/943



DB Cooper 37944

SL 164-63

Richard Vincent Chatham  
taken with his mother  
in 10/67

164-81-1A (604)

REC'D 10/10/67

REC'D 10/10/67

b6  
b7c

[Redacted Box]

File No. 164-81-1A 605

Date Received \_\_\_\_\_

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

\_\_\_\_\_  
(CITY AND STATE)

\_\_\_\_\_  
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☐ No      Receipt Given ☐ Yes ☐ No

Description:

[Redacted Box] WF from  
US Postal Service

b7D

per ser 7527

**PLEASE POST**

Case No. 242-90434-F  
FBI-No. J42 798-H  
CH No. 3 908 182  
May 18, 1973

**U. S. POSTAL SERVICE**

Office of Inspector in Charge  
San Francisco, CA 94101

**PLEASE POST**

Fingerprint Classification  
19 M 9 R 100 16  
L 1 R 100 16

# WANTED FOR MAIL FRAUD

## ROBERT LEWIS ROSE



*Robert L. Rose*

SIGNATURE OF PERSON FINGERPRINTED

**DESCRIPTION:** Male, Caucasian, DOB: 01-30-47 at Modesto, CA, 5' 11", 170 lbs., brown hair, blue eyes.

**OCCUPATION:** Pilot, Crop Duster

**VIOLATION:** ROBERT LEWIS ROSE was indicted by a Federal Grand Jury at Sacramento, CA on 04-18-73 for violation of 18 USC 1341.

**UNITED STATES MARSHAL AT SACRAMENTO, CA HOLDS WARRANT FOR THE ARREST OF ROSE.** Rose is known to frequently travel between CA and Vancouver, Canada. If located please cause his immediate arrest and notify the undersigned for the nearest Postal Inspector COLLECT by telephone or telegraph.

**POSTAL INSPECTOR IN CHARGE**

San Francisco, CA 94101  
Tel: 415-556-2098

1. RIGHT THUMB	2. RIGHT INDEX	3. RIGHT MIDDLE	4. RIGHT RING	5. RIGHT LITTLE
6. LEFT THUMB	7. LEFT INDEX	8. LEFT MIDDLE	9. LEFT RING	10. LEFT LITTLE

DB Cooper 3/949

164-81-10605

FILE 164-220

U. S. POSTAL SERVICE  
CHIEF INSPECTOR'S DEPARTMENT  
—  
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300



DB Cooper 3/950

File No. SEATTLE 164-81-1A <sup>606</sup>Date Received 2/23/77From MINN  
(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes Receipt Given ☐ Yes☒ No ☒ No

Description:

Two photographs of                       
                     and list of  
furloughed NMA pilots (2).b6  
b7Cb6  
b7C

RECORDED 7548

173016004

164-81-1A (606)

173016004

164-81-1A (606)

b6  
b7c

b6  
b7C

File No.

164-81-7479

Date Received

5/17/77

From

(NAME OF CONTRIBUTOR)

b6  
b7C

(ADDRESS OF CONTRIBUTOR)

DMV  
Drivers Licenses Olemiss

(NAME OF SPECIAL AGENT)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☐

No

☐

No

Description:

copy of Drivers Licen  
ofb6  
b7C

DEPARTMENT OF MOTOR VEHICLES  
DRIVER RECORDS

Date 5-11-77

The attached photostatic copy of the Washington State Driver's

License/Identification Card/Instruction Permit was issued

on 8-8-75

DR-552-6 B/W Photo Issue Date (R/9/75)

b6  
b7C

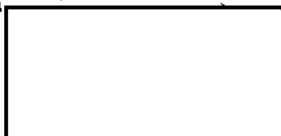
104-81-119  
607

DB Cooper-37960

ENCLOSURE TO SEATTLE

SE 164-81-1A

(608)

b6  
b7C

File No.

164-111

Date Received

6/8/77

From

b6  
b7C

(ADDRESS OF CONTRIBUTOR)

SAN DIEGO, CALIF



To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:

FD 395 +  
Interview Log.

REC'D 7543

DB Cooper 3/961

SE 124-81-1A (608)  
KEEP ATTACHED TO EXHIBIT

Person interviewed

Place interviewed

U.S. MARSHALLS' OFFICE

Date interviewed

6/8/77

Time interview began

8:33 AM

Time waiver presented

9:34 AM

Time waiver signed

NOT SIGNED 9:36 AM

Time statement commenced

H/A

Time statement ended

H/A

Time interviewee read statement

H/A

Date and time arrested

NOT arrested.

Place arrested

" "

Arresting officers

" "

Requests-complaints-action taken:

Time interview ended:

9:46 AM

Signed:

Name

Title

Date

Special Agent, FBI, SATX 6/8/77  
SA, FBI, San Antonio, TX 6/8/77

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place SAN ANTONIO, TX  
 Date 6/8/77  
 Time 9:34 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

*admission of above*  
*by SA [redacted] declined to read or waive rights.*  
*stated he did not wish to signed he interviewed by FBI.*

b6  
b7C

Witness

*Special Agent, FBI, SATX 6/8/77*

Witness

*SA, FBI, San Antonio, Tex. 6/8/77.*

Time:

*7:36 Am.*

ENCLOSURE TO SEATTLE  
SE 164-81-1A (609)b6  
b7CFile No. 164-111Date Received 6/8/77From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)b6  
b7CTo Be Returned ☐ Yes☒ No

Receipt Given

☐ Yes☒ No

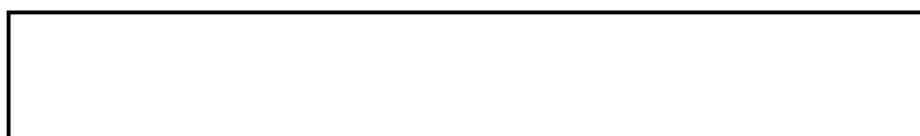
Description:

*Agents Notes**see ser 7563*

DB Cooper-37964

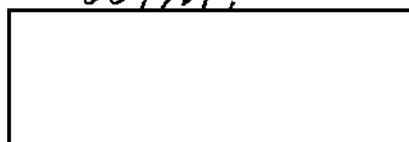
9 <sup>33</sup>/<sub>4</sub>

SE 164-81-1A (609)  
KEEP ATTACHED TO EXHIBIT



b6  
b7C

W/M.



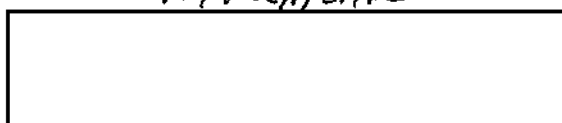
6'2

225

Lt. Brn.

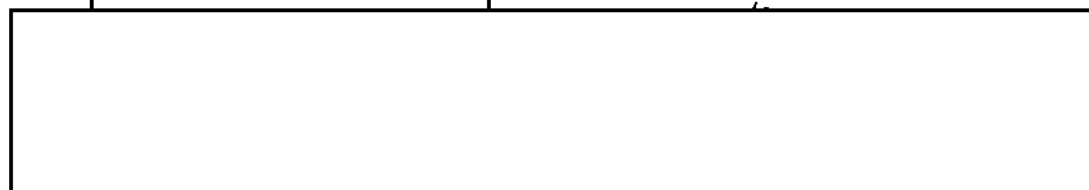
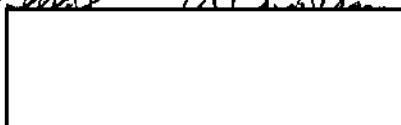
Hazel eyes.

Mustache -



b6  
b7C

SAN Diego Calif.  
Usual occupation -



Over 9 <sup>40</sup>/<sub>4</sub> - Discontinued interview.

164-81-1A

610

File No. 164-81-7510

Date Received 6/22/77

From

DMV, Drivers Licenses

(ADDRESS OF CONTRIBUTOR)

Olympic

SC

To Be Returned ☐ Yes  
☐ No

Receipt Given

☐ Yes  
☐ No

Description :

copy of DL of

see see 7510 DB Cooper-37966

DEPARTMENT OF MOTOR VEHICLES  
DRIVER RECORDS

Date 6-27-77

The attached photostatic copy of the Washington State Driver's

License/Identification Card/Instruction Permit was issued

on 10-5-72

DR-552-6 B/W Photo Issue Date (R/9/75)

164-81-1A (611)

File No.

164-80-1A4

Date Received

11-29-71

From

(ADDRESS OF CONTRIBUTOR)

K. C., Mo

b6

b7C

By

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Investigative  
notes from

b6

b7C

b7D

DB Cooper 3/969

see ser 7611

KEEP ATTACHED TO EXHIBIT  
KC 164-80-1A7

DB Cooper-37970

164-81-1A (611)

DB Cooper-37971

164-81-1A

(b12)

File No.

164-80-1A8

Date Received

12/27/71

From

b6

b7C

(ADDRESS OF CONTRIBUTOR)

RS

By

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☐ NoReceipt given ☐ Yes☒ No

Description:

letters from

SUSPECT:

b6

b7C

(handwriting specimens)

see per 7611 DB Cooper-37974

KEEP ATTACHED TO EXHIBIT  
KC 164-80-1A8

DB Cooper 37975

164-81-17 (612)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

DB Cooper-37976

## NCUA Final Regulation Governing Records Preservation Program Effective January 1, 1973



**WE WELCOME  
OUR NEW  
MANAGING  
DIRECTOR  
DONALD K.  
COOPER**

Donald Cooper was appointed Managing Director of the New York State Credit Union League, Inc., effective January 15, 1973.

Don comes to New York with twenty years of consumer finance experience, nine and a half years of which were spent in the small loan and discount fields where he received his basic training.

Realizing that a greater service could be rendered through credit unions, he started his credit union career with the East Moline Works Credit Union, East Moline, Illinois, as its first full-time Loan Officer.

Don was appointed as Assistant General Manager of the State Capitol Credit Union, St. Paul, Minnesota, to assist in the reconstruction of one of the country's largest credit unions to be taken over by a regulatory body because of prior mis-management.

After this credit union was well on its way to recovery, and once again taking its place as a multi-million dollar credit union, Don accepted the challenge of League work in North Dakota where he spent three and a half years as Managing Director.

Just prior to his arrival on the New York scene, Don completed a one-year tour in Uganda, East Africa,

(Continued on page 3)

The provisions of the new regulation are as follows:

1. The *Treasurer* of the credit union *must* develop and maintain a records preservation program (RPP) to include off-site storage for duplicate vital records at a place sufficiently removed from the location of the credit union. The responsibility for the RPP may be delegated to the person who manages the day-to-day operations of the credit union.

2. The RPP must be developed by May 1, 1973, or four months after date of credit union's share insurance certificate, whichever is later.

The initial set of duplicate records must be sent to the off-site Vital Records Center (VRC) by July 1, 1973, or six months after the effective date of the credit union's share insurance certificate, whichever is later.

3. *Thereafter*, credit unions using Electronic Data Processing (EDP) shall send duplicate records to the VRC on a quarterly basis and mailed no later than the 30th day of the following month.

Non-EDP credit unions shall also prepare and send duplicate vital records to the VRC on a quarterly basis to be mailed by the 30th day of the following month.

4. *Duplicates* of the following vital records must be stored:

- A listing of member's share and/or deposit and loan balances.
- Member's account number.
- A financial and statistical report as of the record date.
- Credit unions using EDP which maintains its members' share and/or deposit and loan ledgers on a data processing system shall be deemed to have met the requirements of this

(Continued on page 6)

164-80-101

FEDERAL BUREAU OF INVESTIGATION  
FOI, PA  
DELETED PAGE INFORMATION SHEET  
FOI, PA# 1 16 cv 01790 02

Total Deleted Page(s) 17

Page 11 ~ b6, b7C,  
Page 17 ~ b6, b7C,  
Page 19 ~ b6, b7C,  
Page 20 ~ b6, b7C,  
Page 21 ~ b6, b7C,  
Page 23 ~ b6, b7C,  
Page 25 ~ b6, b7C,  
Page 33 ~ b6, b7C,  
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Page 36 ~ b6, b7C,  
Page 45 ~ b6, b7C,  
Page 73 ~ b6, b7C;  
Page 95 ~ b6, b7C;  
Page 98 ~ b6; b7C;  
Page 101 ~ b6; b7C;  
Page 111 ~ b6; b7C;

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X No Duplication Fee X  
X For this Page X  
XXXXXXXXXXXXXXXXXXXXXXXXX

(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Item	Date Filed	Disposition
6013	7/25/77	da state Gen letter dtd 7/6/77
6014	7/25/77	USPD, Phoenix letter dtd 5/25/77
6015	8/18/77	Photo of [redacted] b6
6016	8/18/77	Utah Driver license photo of Herrera (Sub 882) b7C
6017	8/18/77	Photos of [redacted] knife [redacted]
6018	7/20/77	3 copies of military service record for [redacted]
6019	7/27/77	Photos of [redacted]
6020	7/11/77	Photos of [redacted] b6
6021	7/20/77	Invest notes re interview [redacted] b7C
6022	7/20/77	copy of list of [redacted] to [redacted] dated 7/10/77
6023	7/11/77	Photos of [redacted]
6024	7/21/77	Antoniucci notes w/ [redacted]
6025	7/21/77	Photo of [redacted]
6026	7/29/77	Waiver of rights & interview log for Vernice A. Hoffke
6027	7/29/77	Advice of rights & interview log for [redacted] b6
6028	7/23/77	Interview notes re [redacted] b7C
6029	7/16/78	Photos & Neg of Donald Eugene Tunnell
6030	7/16/78	Interview log for [redacted]

DB Cooper 3/993

164-81-1A

SEARCHED .....
SERIALIZED
JUL 25 1977
FBI - [redacted]

b6  
b7C

164-81-1A (613)

File No. 164-80-1A (6)

Date Received 3/24/76

From [REDACTED]

(NAME OF CONTRIBUTOR)

FRC

b6

(ADDRESS OF CONTRIBUTOR)

b7C

KCMO

SCB,

(IN [REDACTED])

To Be Returned ☐ Yes Receipt Given ☐ Yes☒ No☒ No

Description:

La State Pen. Letter  
dated 4/6/72

REV DEN 7611

# LOUISIANA STATE PENITENTIARY

UNIT OF THE DEPARTMENT OF CORRECTIONS

Angola, Louisiana 70712

LOUIS M. SOWERS

Director of Corrections

C. MURRAY HENDERSON

Warden



JOHN J. McKEITHEN

Governor

April 6, 1972

Records Office  
Federal Corredtional Institute  
Terminal Island  
Los Angeles, Calif. 90000

*NO RECORD*

RE: [redacted]  
LSP: [redacted]  
RACE: White/Male  
YOUR: [redacted]  
YOUR NO: [redacted]

b6  
b7C

Dear Sir;

The above named man was received at this institution on [redacted] to  
serve a term of [redacted] for the crime of [redacted]

We have information that he was confined at your institution from [redacted]

So that we may effectively plan for this inmate from the standpoint of custody, discipline, work, and all other phases of training and treatment, we will appreciate your sending us copies of any classification, social history, medical conduct, or any other reports available to you, which will reflect his past history and adjustment at your institution. If complete reports are not available, please furnish information regarding the items specified on the reverse of this letter.

b6  
b7C

To be of maximum value to us, we need this information at the earliest possible date.

We appreciate your cooperation and will be glad to reciprocate upon request.

Sincerely yours,

164-81-1A (613)

[redacted]

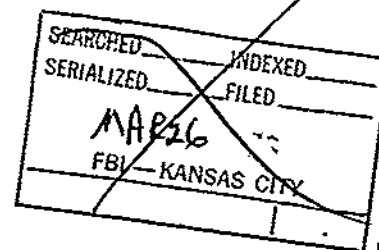
b6  
b7C

by: [redacted]

CL-3a

WCC/ag-w

*Class Mut*  
*End Apr 19, 1972*



DB Cooper-37995

File No.

Date Received

From

FRC  
(ADDRESS OF CONTRIBUTOR)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:

U.S. P.O. Phoenix,  
letter dated 5/25/71

see ser 7611

KEEP ATTACHED TO EXHIBIT

XC 169-80-1A15

U.S. PROBATION OFFICE  
6443 U. S. COURTHOUSE  
PHOENIX, ARIZONA 85025

Phoenix

25 May 1971

[redacted]  
U. S. Board of Parole  
101 Indiana Avenue NW  
Washington, D. C. 20537

RE: [redacted]  
ReMand # [redacted]  
Report of violation

*par*  
*Mar 23, 1971*

SEARCHED	INDEXED
SERIALIZED	FILED
MAR 26 1971	
FBI - KANSAS CITY	

On [redacted] was given authority to  
relocate from Long Beach, California to Heber, Arizona, where  
he was promised a job with Air-Land, Inc., operated by [redacted]  
[redacted]

Subject reported in as directed and advised he was the [redacted]  
[redacted] for the mentioned company. We wish to report the  
following violations of his release:

1. [redacted]
2. [redacted]
3. [redacted]

DETAILS: [redacted] received a  
three-year A-type sentence on [redacted] for a [redacted]  
[redacted] He is also up for sentence in Denver, Colorado on  
a [redacted]  
[redacted]

[redacted] was convicted by the  
State of California on [redacted]

[redacted] on or about [redacted]  
[redacted]  
in Greeley, Colorado and El Monte, California. These [redacted]  
have been traced to [redacted]  
[redacted] above case pending posi-  
tive identification. The three subjects all left the Phoenix  
area on or about May 9 and their present whereabouts are unknown.

cont'd

DB Cooper-37997

Page 2

Ltr to [redacted] - Wash.  
25 May 71

RE: [redacted]

ReMand # [redacted]

According to the police department an all-points bulletin has been placed throughout the western states. Further, a police informant at Albuquerque, New Mexico stated that on [redacted] [redacted] believed to be a [redacted] In Albuquerque, [redacted] were in possession of [redacted]

On [redacted] advised she had seen [redacted]

She further advised that [redacted] was [redacted] at [redacted] in El Monte, California - [redacted] reportedly [redacted]

The police further advised that on [redacted] per the visitor's register at [redacted] visited [redacted] for 1-3/4 hours, signing in as employer.

The above information was furnished by the Phoenix Police Department - [redacted] and [redacted] of the El Monte Police Department, El Monte, California.

It is respectfully recommended that a Parole Violator's Warrant be issued immediately.

[redacted]  
U. S. Probation Officer

TSY:mb

cc: USPO [redacted] - Long Beach, California  
USPO [redacted] - Denver, Colo.  
USP - [redacted] ✓

File No. 164-81-7559 <sup>1A</sup> <sup>(615)</sup>Date Recd. 7/5/77From [REDACTED]b6  
b7CDMV Drivers License  
(ADDRESS OF CONTRIBUTOR)Deputy WASCDTo Be Returned ☐ Yes ☐ No      Receipt Given ☐ Yes ☐ No

Description :

copy of Drivers License  
[Signature]b6  
b7C

DEPARTMENT OF MOTOR VEHICLES  
DRIVER RECORDS

Date 7-1-77

The attached photostatic copy of the Washington State Driver's

License/Identification Card/Instruction Permit was issued

on 3-3-77

DR-552-6 B/W Photo Issue Date (R/9/75)

DB Cooper-38000

164-81-1A (616)

Sub 882

File No. 164-24 sub 23

Date Received 2/8/77

From License Dept.  
(NAME OF CONTRIBUTOR)Driver's License  
(ADDRESS OF CONTRIBUTOR)

Section SLC

  
(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes Receipt Given ☐ Yes  
☒ No ☒ No

## Description:

Utah driver license  
 photo of Michael  
 E. Hurren.

(With Lu letter to Seattle 8/1/77)

xref ser 7621

b6  
b7C

UTAH OPERATOR'S LICENSE NO.

STATE OF UTAH

EX 321 35-5-3000-E  
Mantua  
CITY UTAH 84302

A314124

Expires on 8-26-76

1970

BIRTH DATE

8-26-49

HEIGHT

160

lbs

EYES

BROWN

MOTORCYCLE  
LICENSE

YES

DB Cooper-38003

(801)-723-2951 Mantua, Mo

File No. 1164-81-1A (617)  
Date Received 8/4/77  
From Las Vegas  
(NAME OF CONTRIBUTOR)  
(ADDRESS OF CONTRIBUTOR)  
(CITY AND STATE)  
(NAME OF SPECIAL AGENT)

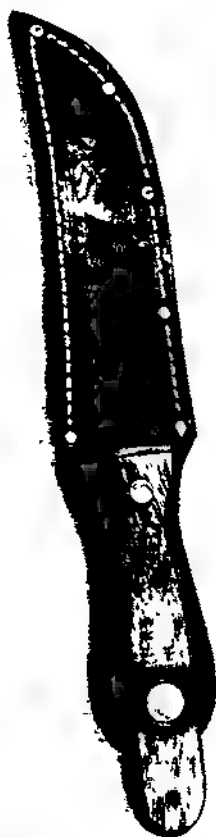
To Be Returned ☐ Yes ☐ No Receipt Given ☐ Yes ☐ No

## Description:

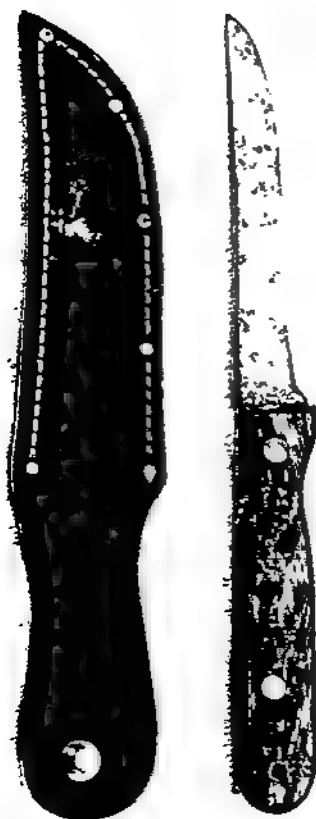
Photos of [redacted] ana  
[redacted]  
photos of [redacted]  
knife

See Ser 7638

b6  
b7C



DB Cooper 38005



DB Cooper-38006

b6  
b7CFile No. 164-81-1A (618)Date Received 9/16/77From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)  
Indianapolis  
(CITY AND STATE)By \_\_\_\_\_  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☐ No

## Description:

Three copies of  
military pay vouchers  
for \_\_\_\_\_

b6  
b7C

See Ser 7667

b6  
b7C

SE 164-81-1A (619)

File No. 164-72

Date Received 9/14/77

From

b6  
b7C

(NAME OF CONTRIBUTOR)

FBI HQ

(ADDRESS OF CONTRIBUTOR)

WDC

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned

☐ Yes

Receipt Given

☐ Yes☒ No☒ No

Description:

photos of

b6  
b7CRe Alexandria airtel to the  
Bureau, 9/15/77.

see ser. 7671

File No.

164-81-1A

(620)

b6

b7C

Date Received

10/4/77

From

MIAMI

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:


PHOTO OF

b6


b7C

all ser 7678

164-81-1A (620)

A large rectangular black box redacting the top-left section of the page.

164-81-1A (620)

A large rectangular black box redacting the top-right section of the page.

b6  
b7C

DB Cooper-38016

SE 164-81-1A (621)  
 File No. *LT. 164-26-1A (S)*

Date Received *8-22-77* b6

From *SA* [redacted] b7C

(ADDRESS OF CONTRIBUTOR)

*SA* [redacted]

To Be Returned ☐ Yes Receipt Given ☐ Yes  
☒ No ☒ No

Description: *Investigation notes re* b6  
*interviews* [redacted] b7C

*as* [redacted] *dat. on 9/27/77.*

*see ser. 7685*  
 [redacted] b6  
 b7C

164-81-1A (624)

[Redacted]

b6  
b7C

164-26  
9-27-77

[Redacted]

Left my sequential time  
of talking to Crew - of NW:

b6  
b7C

don't recall if all conversations  
were tape recorded. - if there  
were any tapes they would have  
obtained by the FBI.

[Redacted]

b6  
b7C

Several months [Redacted]  
was in contact with him  
- I was in Toledo, Ohio. - (May 196-27)  
1977 & 3/28 - 4/1/77 & 2/14-15/77  
Jan 3-5, 1977.

United Products  
Std. Order  
Shipment order

[Redacted]

Left the [Redacted]

b6  
b7C

[Redacted]

he lied me astray and  
inferred that NWAt - he  
had app of Mr. [Redacted]  
& NW Airlines to cooperate  
with him  
next day.

-2-

He asked a number question  
~~to~~ - they were not in detail  
+ I was guarded.  
all the knowledge I had  
was furnished the FBI  
He told me he had talked to crew & they were  
"cooperating" - [redacted] no way conducted

b6  
b7C

Asked me if I would interest  
in being a technical adviser. -  
Would not do so without  
FBI or NSA Authority

- thought I did not tell  
him anything of a confidential  
nature or common knowledge  
Have had no contact since  
from [redacted]

b6  
b7C

SE 164-81-1A (622)

File No. 164-26 1a(36)

Date Received 10/13/77

From (NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

SA (NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes ☐ No Receipt Given ☐ Yes ☐ No

Description:

One copy of letter of [redacted]  
to [redacted] dated 7/10/77

see ser 7685

[redacted]

July 10, 1977

[redacted]  
United Productions Ltd.  
3921 Deervale Dr.  
Sherman Oaks, CA 91403

b6  
b7C

Dear [redacted],

Several months ago you called me in Toledo, Ohio relative to the "D.B. Cooper" skyjacking case.

In response to your questions I gave you some limited information on the incident. It was my understanding from your conversation that you were soon to meet with Mr. Nyrop of NWA and that you had, or expected to receive, NWA's blessing and cooperation on the film you intended to produce.

I indicated, based on the above, that I would be interested, pending further information, on helping you with the intended project.

I have since learned that Northwest is not interested in the project and are in fact very much opposed to it. On that basis I could not participate in any way in the project and I further request that you do not use any of the information I gave you on the phone in connection with my name.

In view of Northwest's feeling about the project it could be very difficult for me if you were to use my name in any way in connection with furnishing of information or cooperating with you on the project.

I am sorry the circumstances are such but know you will respect my wishes.

Sincerely,  
[redacted]  
[redacted] MT  
[redacted]

b6  
b7C

File No. 164-81

1A 623

b6  
b7C

Date Received

From MC NEIL T S PRN

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

Tacoma, WA

(CITY AND STATE)

(AGENT)

b6  
b7CTo Be Returned ☐ Yes☒ No

Receipt Given

☐ Yes☒ No

Description:

PHOTOGRAPHS OF

b6  
b7C

see ser. 7701

164-81-1A(624)

File No. 164-91Date Received 10-31-77From [REDACTED]  
(NAME OF CONTRIBUTOR)[REDACTED]  
(ADDRESS OF CONTRIBUTOR)[REDACTED]  
(STATE)  
[REDACTED]  
(SPECIAL AGENT)To Be Returned ☐ Yes ☒ No  
Receipt Given ☐ Yes ☒ No

## Description:

Agents orig  
notes re interview  
with [REDACTED]  
[REDACTED]

[REDACTED]

all ser 7715

10-31-77

H-

1906 FGS Bd

C-21

(possible)  
John Mc Miller (ph)

On mind maybe you

Jim Suttler - work for

Essex Intl Automation Parts Div

G233 Concord Ave. Deter Ind. Div.  
division of United TechnologyHe Chita Myn. - Se. - Co. later  
conversion Lt+ further 2 yrs ago. work only  
home.

He has work, 6 or 7

He has since I know him

at m per 4-5 times.

⑩ Empty has to live in LA.

777 Mission, LA. - (I helped out  
it ✓)

b6  
b7C

free can get. John add to

him. If get to other ask for

enter ports Dir.

I 1st met him start w/ Empty

etc  
1972 - on 1st 73. Had nearly

b6  
b7C

Dir - / -

He laid off at that time. If he  
telling why I not recall. He said it was a  
surprise him.

②

in crew 2 - Oct (week)

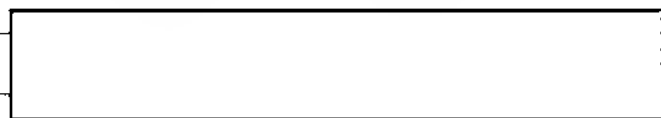
He shot down over land - not pilot  
was crew. Bailed out. Pass.

directly 1 up. Red the fuel  
Oct (pass 44).



b6  
b7C

Then say  
He said the



b6  
b7C



Either red self

issue of history or pass part of it

Logan (thru jobs

b6  
b7C



process when I think he

if he can't figure out

money I can't recall - being but

not approx \$200 - \$300 the <sup>poss = approx</sup> \$6,000

As still pending if they pending.

type - even if he had a baby

\$ he did not spend it. Scattered activities

eg - metal detector - coming in car,

Sup:

① live in car

② resembles a concept

③ Had heiled out (time of year considered)

He had had insect - and had him  
out of Se. / dr.

I not know back.

From see - / cash \$.



~~Except screen  
people think they  
would do better than other  
people trying to reach them.  
I never meet  
being wanted - all  
of it / speaking in  
not at set  
with sticks~~

*Decker*

581-85

straight hair

5'10 - 5'11 - dk br - black  
starting to thin their pointed  
with on dk brown in preer glasses and.

It was 50 yrs in 72 or 73.

not look his age. Look 47-48

Ans. Even exponent phys slope

Vox = Parrot is  
slightly above eye in  
position.

Very close c/p

did not smoke. Only 24  
at 1-5 not met hand.  
- Sd Lunt NC.

Handwritten: Handwritten in

Handwritten signatures of the three individuals, each with a corresponding name printed below it.

✓ Looked strong - appeared

heavy - but not as heavy as he  
looked.

Just - as ever - my love

That his City at times

12

- Lady's -  
- Lady's -  
- Lady's -

Photo

Letter on - H. Cant  
over under cups.  
Pass through in 4.

John is correct.  
He has <sup>better</sup> ~~more~~ <sup>more</sup> than the work.

Shower lot.

Similar handwriting - John  
perhaps not quite as his is work.

Bottom of most syllables very  
similar

I still feel it's a possibility.

Anyway -

Had lot of nerve - you could see in his  
approach to work.

File No. 164-81-1A (625)Date Received 11/3/27From  b6 b7CDMV - Licenses  
(ADDRESS OF CONTRIBUTOR)Olympia WA  
Seb To Be Returned ☐ Yes ☐ No Receipt Given ☐ Yes ☐ No

Description :

copy of D holb6  
b7Cb6  
b7C

sub 788

164-81-1A (626) 12

File No. 164-136-1ADate Received 10/19/76From Vernice A. Hoffke  
(NAME OF CONTRIBUTOR)1407 University  
(ADDRESS OF CONTRIBUTOR)Rockville, Md  
(TITLE OF CONTRIBUTION)To Be Returned ☐ Yes Receipt Given ☐ Yes☒ No ☒ No

Description:

Waiver of Rights  
and Interview Log for  
Vernice A. Hoffke

b6  
b7C

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

SE 164-81-1A 626  
KEEP ATTACHED TO EXHIBIT

Place Lafayette La  
Date 10/19/76  
Time 11:01 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

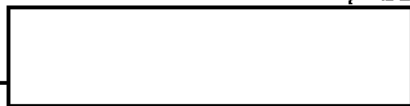
WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed

Dorrence A. Hoffke

Witness: S.A.



F.B.I., Lafayette La 10/19/76

b6  
b7c

Witness: \_\_\_\_\_

Time: 11:05 AM

Inter of Kenneth Albert Hoffke

By [redacted]

at Lafayette, La.

on 10-19-76

[redacted]

10:01 AM Identity agents & nature inter,

11:04 AM Rights by [redacted] & furnished

Form - [redacted] understood signed

11:05 AM inter commenced

11:46 AM inter. Terminated

[redacted]

b6  
b7C

b6  
b7C

b6  
b7C

File No.

164-81-1A(627)  
164-136-1A<sup>10</sup>

Date Received

9-28-73

From

(NAME OF CONTRIBUTOR)

b6  
b7C

(ADDRESS OF CONTRIBUTOR)

THE RIOT, LA.

(CITY AND STATE)

By

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

ADVICE OF RIGHTS &amp; INTERVIEW

LOG OF

b6  
b7C

VOLUNTARY APPEARANCE; ADVICE OF RIGHTS  
YOUR RIGHTS

Before we ask you any questions, you must understand your rights. You have the right to remain silent. Anything you say can be used against you in court. You have the right to talk to a lawyer for advice before we ask you any questions, and to have him with you during questioning. You have this right to the advice and presence of a lawyer even if you cannot afford to hire one. We have no way of giving you a lawyer, but one will be appointed for you, if you wish, if and when you go to court. If you wish to answer questions now without a lawyer present, you have the right to stop answering questions at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER

I,  have come to the NEW ORLEANS Office of the Federal Bureau of Investigation (FBI) of my own choice to talk with Special Agents of the FBI about a crime which they are investigating. I know that I am not under arrest and that I can leave this office if I wish to do so.

Prior to any questioning, I was furnished the above statement of my rights at 10:25 AM on 9-28-73 at NEW ORLEANS, LA.  
(time) (date) (place)  
by Special Agent  of the FBI. I have (read) (had read to me) this statement of my rights. I understand what my rights are. I am willing to answer questions and make a statement. I do not want a lawyer. I understand and know what I am doing. No promises or threats have been made to me and no pressure of any kind has been used against me.

Signed

SE 164-81-1A(627)  
KEEP ATTACHED TO EXHIBIT

Witness

Witness

10:28 AM 9-28-73 NEW ORLEANS, LA.  
(time) (date) (place)

*Special Agent, F.B.I. New Orleans, La. 9/28/73*

*Special Agent, FBI, New Orleans, La. 9-28-73.*

## INTERVIEW LOG

9-28-73  
NEW ORLEANS, LA.

[REDACTED] APPEARED AT THE NEW ORLEANS FBI OFFICE  
TO BE INTERVIEWED BY AGENTS [REDACTED] AND [REDACTED]

b6  
b7C

10:20 AM. [REDACTED] ARRIVED AT FBI OFFICE.

10:25 AM [REDACTED] ADVISED OF RIGHTS BY SA [REDACTED]

b6  
b7C

10:28 AM [REDACTED] WAIVED RIGHTS.

10:30 AM. [REDACTED] PHOTOGRAPHED BY SA [REDACTED]

10:38 AM INTERVIEW BEGUN.

10:59 AM " ENDED

11:02 AM [REDACTED] FINGERPRINTED BY SA [REDACTED]

11:12 AM [REDACTED] DEPARTED F.B.I. OFFICE.

WITNESSED: [REDACTED] SA, FBI, New Orleans, La. 9-28-73.

b6  
b7C

[REDACTED] SA F.B.I., New Orleans, La., 9/28/73

*Seattle 164-81-1A (628)*

File No. *164-181-1A4*

Date Received *11/12/77*

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b6  
b7C

To Be Returned ☐ Yes

Receipt Given ☐ Yes

☒ No

☒ No

Description:

*Letter new notes re*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b6  
b7C

\_\_\_\_\_  
\_\_\_\_\_

b6  
b7C

*see*

*164-81-7733*

11/17/77

LAUREL, MS.

No current photo

Viewed composites not  
similar to anyone known to her.

Definitely not

b6  
b7CViewed photos of [redacted] & positively  
ident them

Cannot recall when she last saw

b6  
b7C[redacted] - was in summertime - possibly  
4 - 5 yrs ago - [redacted] in  
Laurel - left & returned MM. Fla.  
Both phone & write,b6  
b7C[redacted] was in Army - was in  
M.P.s - was [redacted]Working in South America for  
Bum Oil Co.

Sub 72

164-81-1A (629)

File No. 164-34-1A5

Date Received 12-22-71

From Donald Turner  
(NAME OF CONTRIBUTOR)1958 Cottage Court  
(ADDRESS OF CONTRIBUTOR)

Mobile, Ala.

B [REDACTED]  
(NAME OF SPECIAL AGENT)b6  
b7CTo Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☒ No

## Description:

Photograph of  
Donald Turner

Lead to NO + Seattle

W/AT 12/22/71



DB Cooper 38045



DB Cooper-38046



19

70

b6  
b7C

DB Cooper-38047



DB Cooper 38048.

NAME Donald Turner

ALIAS \_\_\_\_\_

FILE # 164-34-1A<sup>S</sup>

SEX \_\_\_\_\_ RACE \_\_\_\_\_

AGE \_\_\_\_\_ DOB \_\_\_\_\_

WEIGHT \_\_\_\_\_ HEIGHT \_\_\_\_\_

HAIR \_\_\_\_\_ EYES \_\_\_\_\_

SCARS & MARKS \_\_\_\_\_

\_\_\_\_\_

164-81-1A(629)

DB Cooper 38049

b6  
b7C

164-81-1A (630)  
File No. ~~164-34-1A~~ 11  
Date Received 6/27/77  
From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)b6  
b7C

To Be Returned ☐ Yes      Receipt Given ☐ Yes  
☒ No                                      ☒ No

Description:

*Interview log for*b6  
b7C

Selma, Ala.  
6/27/77

Interview Log

Person interviewed: [redacted]

b6  
b7C

Interviewed by: SA's [redacted]

and [redacted]

Interviewed at: [redacted]

[redacted]

advised of rights and provisions of  
Federal Government statute 10:15 AM

Shown a waiver of rights form which he read  
and stated he understood: 10:16 AM

Signed form 10:20 AM

Interview began: 10:21 AM

Interview ended: 11:28 AM

Requests made during interview: None

[redacted]

SA, FBI, Montgomery, Ala. 6/27/77

SA FBI, " " "

b6  
b7C

SE 164-81-1A(630)  
KEEP ATTACHED TO EXHIBIT

(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Item	Date Filed	Disposition	
631	1/16/78	Waiver of rights form re [redacted]	b6
632	1/16/78	Copy of arrest notes " " " "	b7C
633	1/27	Photo of [redacted] then 12/77	
634	2/2/78	Waiver of rights [redacted] see [redacted]	
635	2/2/78	Interview log " " " "	
636	2/6/78	Photo of Richard F. DeScherandt, see sub-700	
637	2/2/78	Copy of arrest record " " " "	
638	2/2/78	Advice of rights [redacted] see 2nd vol sub-8	b6
639	2/6/78	Interview log " " " "	b7C
640	2/6/78	Photo of [redacted]	
641	2/6/78	Photo of [redacted]	
642	3/2/78	Photo of [redacted] then 5/77	
643	3/23/78	Advice of rights - Alvin Carter Hartley - sub 437	
644	"	" " " " " "	
645	"	Interview log " " " "	
646	"	Copy of birth certificate # 6691 Jerry Arthur Cooper - sub 781	
647	"	Photo of [redacted] - sub D.	b6
648	4/3/78	Advice of rights interview log [redacted]	b7C

164-81-1A DB Cooper-38052

SEARCHED	INDEXED
SERIALIZED	FILED
APR 16 1978	
FBI - S. C. I.	

b6  
b7C

[Redacted]

b6  
b7C

164-81-1A(631)

File No. 164-34-1A12

Date Received 6/27/77

From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

[Redacted]

b6  
b7C

To Be Returned ☐ Yes      Receipt Given ☐ Yes  
☐ No                                      ☐ No

Description:  
*Waiver of rights form*  
*for* [Redacted]

b6  
b7C

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Selma Ala.  
 Date 6/27/77  
 Time 10:16 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed λ

b6  
b7c

Witness:

SA, FBI, Montgomery, Ala. 6/27/77

Witness:

SA FBI, Montgomery, Ala. 6/27/77

Time: 10:20 AM

SE 164-81-1A (631)  
 KEEP ATTACHED TO EXHIBIT

b6  
b7C

164-81-A (632)  
File No. ~~164-39-1A~~<sup>13</sup>  
Date Received 6/27/77  
From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)  
\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

b6  
b7CTo Be Returned ☐ YesReceipt Given ☐ Yes☒ No☒ No

Description:

*Investigative notes*

302

6/27/77

at

b6  
b7C

dictated 6/29/77

b6  
b7C

6/27/77

SE 164-81-A (632)  
KEEP ATTACHED TO EXHIBIT

Montreal olympian - stayed at  
Hobley Inn - downtown  
Montreal  
residing in

b6  
b7C

1st part of June 1976

I went with

b6  
b7C

outside fairgrounds - 1.67. years  
old - exhibiting

made arrangements to meet  
- her that night

- she wanted to be taken out to farm  
guy from state who brought  
land

Brown wood color  
4500 ft.  
all bark

Tough ant to form - 6-7 other  
girl.

she said man had bugaiches  
plans - jumped out over Denver

2 brown  
insects  
among  
recent (5)  
cars in  
front of  
house.

anterior  
brown before  
to push brown.

have paved road  
off to right

left most road on Hwy 25  
going north Hwy 25 goes  
(5 mile) under 640 - stayed on  
25 until it comes  
across 341. Then  
left on 341 - went 2-3

2-3  
rather sign

mile on 341 -  
go turned right

on paved road -  
had sign OAK E. RD

(it was dark)

farmhouse - 1/2 mile  
down road on left hand  
side - only one down  
road.

barn & house -

white frame house -

big house 10 room house

barn

she went back to get stuff bag  
ready to <sup>go</sup> back to  
state

resembled guy

all together

3-4 girls

other others

who house

[redacted]

b6  
b7C

[redacted]

introduced himself

ask what

[redacted]

in mountain

tried to talk girl out of being

the real man was together

hours  
of punishment

that

want me then in guy.

first she said he had bought it  
then a " he wanted it

girl <sup>and</sup> it was Cooper

WM

feet 30"

5'9" 5'10"

165-170

Dark skin black -  
shoulder length

panted in front - neat

- go. Tee - shaved all around  
it

mustache went in to neckline

- Northern accent

meaning given about

hair tipped from

had wing tapered above

had military <sup>style</sup> haircut

very fine military & reg. time

~~jeans~~ ~~top~~

dark complexion

features of face hard looking

starched feet

well built

with short

- spoke very intelligently

- had pipe in pocket

either Italian or Indian complexion

hard  
golfing - had been with

her for quite while

<sup>who</sup>  
could have passed for middle 40's

used word anamoly several times  
very intelligent

no profane language

angry with girl - should  
no emotion - would have  
been good car

WF

age 16

95 - 100

very athletic

5'4

dyed. Blond



b6  
b7C

at time

Cooper on TV and news -  
can't remember

b6  
b7C

File No.

Date Received

From

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes  
☐ No

Receipt Given

☐ Yes  
☐ No

Description :

copy of DL of

b6  
b7C

tkn 2/17/77

File No.

Date Received

From

By

To Be Returned ☐ Yes  
☒ No

Receipt given ☐ Yes  
☒ No

Description:

*women of Rights*

*3-1-72-a*

KEEP ATTACHED TO EXHIBIT

DL #

164-191-1A

5

DB Cooper 38065

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Dallas, Texas  
 Date 2-16-72  
 Time 3:27 pm

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

[Redacted]

Signed

declined to sign b6 b7C

Witness

[Redacted]

SA FB2 but said he would  
 Dallas answer questions  
 freely + voluntarily.

Witness

[Redacted]

SA FBI Dallas

Time:

3:28 pm

[Redacted]  
 SA FB2 2/16/72  
 Dallas [Redacted]

b6  
b7CFile No. 164-81-1A (635)  
164-191-1ADate Received 2-16-72From [redacted]  
[redacted]

(ADDRESS OF CONTRIBUTOR)

Birmingham, Mich b6  
b7CBy [redacted]To Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☒ No

Description:

Interview log31-722

Interview Log

Person interviewed: [redacted]

b6  
b7C

Interviewing agents: SA [redacted] and [redacted]

Date: 2-16-72

Time: 3:27 PM

Place Braniff International Airlines Lounge  
Love Field, Dallas, Texas3:27 PM agents identified themselves  
SA [redacted] and explained nature of investigation.b6  
b7C

+ furnished advice of rights + waiver forms.

3:30 PM Interview began

3:50 PM interview ended

Record of requests: none

b6  
b7C

SA/ FBI

Dallas, Texas 2/16/72

sub 700  
164-81-1A (636)  
File No. 164-191-1A  
Date Received 2-28-74  
From Dallas SO  
(NAME OF CONTRIBUTOR)  
(ADDRESS OF CONTRIBUTOR)

By SC

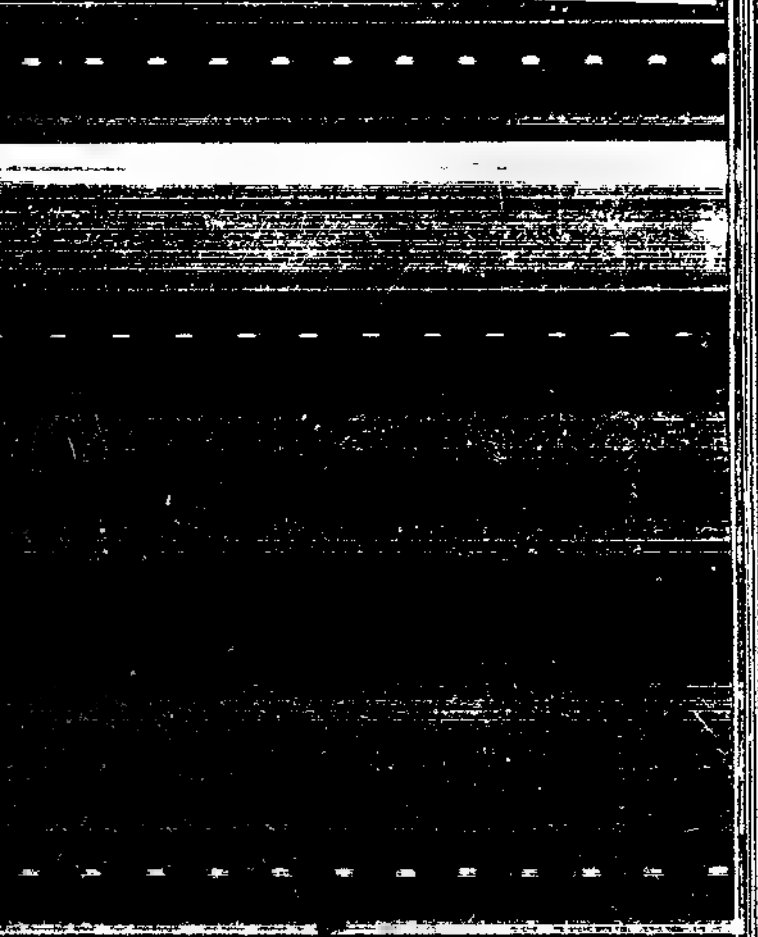
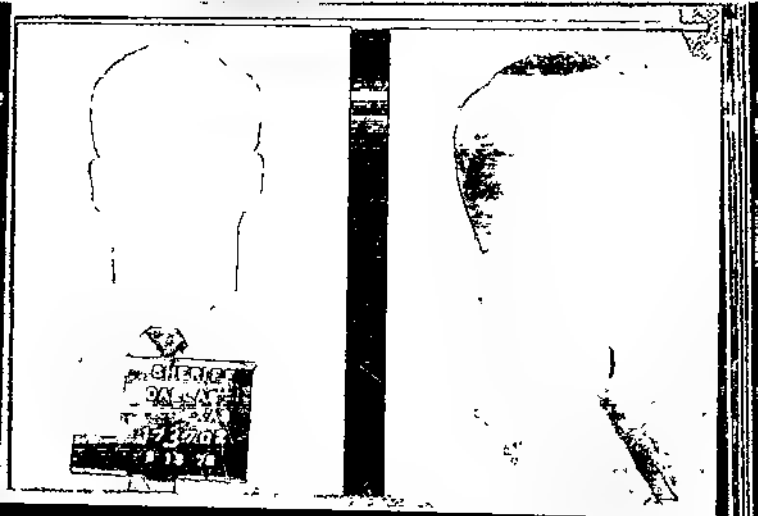
b6  
b7c

To Be Returned ☐ Yes  
☒ No

Receipt given ☐ Yes  
☐ No

Description:

Photo of  
Richard Frank Schwartz



DB Cooper 38070

Richard Frank Schwandt

164-191-1A<sup>11</sup> DB Cooper-38071

169-81-637  
164-191-1A<sup>10</sup>  
File No. 164-191-1A<sup>10</sup>  
Date Received 2/22/74  
From [Redacted] b6  
(NAME OF CONTRIBUTOR) b7C  
From PD  
(ADDRESS OR CONTRIBUTOR)  
Team Tex  
By [Redacted]

To Be Returned ☐ Yes  
☒ No

Receipt given ☐ Yes  
☒ No

## Description:

Copy of arrest  
record on Richard  
F. Schwandt.

NOTICE OF ADULT PROBATION  
DALLAS COUNTY CRIMINAL DISTRICT COURTS  
DALLAS, TEXAS

DATE March 13, 1972  
NAME SCHWANDT, RICHARD FRANK  
ADDRESS Box 112, Clearwater, Minn.  
SEX M RACE W AGE 27 DATE OF BIRTH 8-3-44  
HEIGHT 6'2 WEIGHT 180 EYES blue HAIR blnd COMPLEXION \_\_\_\_\_  
EMPLOYER \_\_\_\_\_  
OFFENSE FWC SENTENCE 2 years  
COURT No. 195th Judicial District DOCKET No. 671-2907-KN  
DATE OF PROBATION 3-10-72 PROBATION CASE No. 7-72-532  
PROBATION OFFICER  b6  
b7C  
FBI No. \_\_\_\_\_ DPS No. 1,486,738 SO No. 173702 DPD No. NV (Prob 12084)

REMARKS

Form 69-94

POLICE DEPARTMENT - DALLAS, TEXAS

17439

*Below Blue line  
Disregard*

ATTEST:  
TOM E. ELLIS, County Clerk

By:  Deputy

Pd. Rec. #3636

~~\$53.00~~  
4-14-72

DSO 209 520

DPD

DPS

FBI

681 111 C

DB Cooper-38073

b6  
b7C

WILSON E. SPEIR  
Director

THE STATE OF TEXAS  
DEPARTMENT OF PUBLIC SAFETY  
AUSTIN

The following is a transcript of the record, including the most recently reported data, as shown in the files of the Identification & Criminal Records Division concerning **DPS# 1,486,738**

FPC: 17/ S 9 U IOI 15  
L 2 U IOI 15

Joel Tisdale, Chief  
Identification & Criminal Records Division

ARRESTED OR RECEIVED	CONTRIBUTOR OF FINGERPRINTS	NUMBER	NAME	CHARGE	DISPOSITION
10-11-68	Dallas, Tex.	SO#173702	Richard Frank Schwandt	Drunk & Disorderly	
7-18-69	Dallas, Tex.	SO#173702	Richard Frank Schwandt	Pass. Worthless Checks, Dist. Peace	
2-28-72	Dallas, Tex	SO#173702	Ric Frankie Schwandt	Prob Viol, PWC (2)	
MAR 15 1972					

\* Represents notations unsupported by fingerprints.

DB Cooper 380/4

For completion of our records, please supply dispositions to this Bureau in any of the foregoing cases where they do not appear.

J. H. Kitching,  
Chief, Bureau of  
Identification and Records

BILL DECKER, SHERIFF  
DALLAS COUNTY, TEXAS

Form 138

Page 1

NAME SCHWANDT RICHARD FRANK

Race &

Sex WM

DOB 8-3-44

ALIAS \_\_\_\_\_

DSO # 173702

DPD # \_\_\_\_\_

DPS # \_\_\_\_\_

1,486,738

FBI # \_\_\_\_\_

The following is a transcript of the record of the above named subject as shown in the files of the Bureau of Identification and Records.

ARREST CARD #	ARREST DATE	CHARGE	DISPOSITION	RELEASE DATE
450004	10-11-68	DRUNK & DISORDERLY	<del>PAID FINE IN JAIL OFFICE</del> PAID FINE IN JAIL OFFICE	10-12-68
474907	7-18-69	Passing Worthless Check #CCR68-765-C H/F DeSoto PD Disturbing Peace	Posted \$300.00 bond. \$25.00 fine pd in J/O.	7-18-69
- 518473 -	8-13-70	Pass worthless checks CCR68-765-C	60 days Jail, \$100 fine, \$45 cost (PROBATED TO 2-13-71) Paid Cost	8-13-70
581207	2-28-72	PASSING WORTHLESS CHECK #CCR71-2349- PASSING WORTHLESS CHECK #C71-2907-KN PROBATION VIOLATION PASSING WORTHLESS CHECK #CCR68-765-C	REC 5 DAYS \$50 FINE \$108 COST CCC#1 SVD 37 DAYS REC 2 YEARS TDC PROB \$10 COST PGBCT #195th REC 60 DAYS PROB \$100 FINE \$72 COST CCC#3 SVD 1 DAY ON F/C PD BAL \$167 IN JO	3-10-72

DB Cooper 380/5

PROBATION DEPARTMENT  
CRIMINAL DISTRICT COURTS OF DALLAS COUNTY  
DALLAS, TEXAS

Dkt. No. C71-2907-KN

Name RICHARD FRANK SCHWANDT Address: Box 112, Clearwater, Minnesota  
Wright County  
Phone No. none Race W Sex M Age 27 DOB 8-3-44 POB Recheester, Minn.  
Employer Plans to attend school Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Marital Status: S \_\_\_\_\_ M \_\_\_\_\_ W \_\_\_\_\_ D X Sep. \_\_\_\_\_ Health: Good Salary: \_\_\_\_\_  
Description: Ht. 6'2" Wt. 180 Hair Blnd Eyes Blue Complexion light  
Scars-Marks-Tattoos Right shoulder "U.S.A.", Scars on left arm.

**Status**

Education: Freshman School at St. Cloud Univ., St. Cloud, Minn. Religion None  
Mil. Service: A X AF \_\_\_\_\_ M \_\_\_\_\_ N \_\_\_\_\_ CG \_\_\_\_\_ From 8-4-61 To 8-3-64 ASN 17599181 Type Disc. Honorable  
Resources, Prop. Will attend school on G.I. Bill; part owner of Clear Lake  
(sky-diving) Star Factory  
Payments or Rent: \$ None Auto None Make & Model \_\_\_\_\_ Lic. # \_\_\_\_\_  
Minn. Op.  
Driver Lic. # 55307382616 Exp. Date 19 Social Security # 472-46-7756  
FBI \_\_\_\_\_ DPS 1,486,738 SO 173702 DPD \_\_\_\_\_

Probation Date March 10, 1972 Expiration March 10, 1974  
Offense PWC Def. Attorney \_\_\_\_\_ Pros. Attorney: \_\_\_\_\_

Phone No. \_\_\_\_\_ b6  
b7C

EX-Spouse \_\_\_\_\_ Address unk.

Employer \_\_\_\_\_

Children \_\_\_\_\_ Address \_\_\_\_\_

Father Deceased, \_\_\_\_\_ Address \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_

Employer: Self or Mother \_\_\_\_\_ b6  
b7C

Father-in-law \_\_\_\_\_ Address \_\_\_\_\_

Mother-in-law \_\_\_\_\_ Address \_\_\_\_\_

Siblings \_\_\_\_\_ Address \_\_\_\_\_ (no # and add unknown) b6  
b7C

F \_\_\_\_\_

DB Cooper-38076

BILL DECKER, SHERIFF ~~WHITE MALE~~  
DALLAS, TEXAS  
Form 102

Classed by: \_\_\_\_\_  
Searched by: \_\_\_\_\_  
Filed by: \_\_\_\_\_

LEAVE THIS SPACE BLANK

CLASS 17/S 9 U IOM 15  
L 2 U 00I 17 b6  
REF. 100 b7C

NAME SCHWANDT RICHARD FRANK  
LAST NAME FIRST NAME MIDDLE NAME

ALIAS \_\_\_\_\_

NICKNAME \_\_\_\_\_

RACE W SEX M DSO 173702 DPD \_\_\_\_\_ DPS \_\_\_\_\_ FBI \_\_\_\_\_



AGE 24 HT. 6-2 WT. 185 EYES BLUE HAIR BLOND COMP. \_\_\_\_\_  
RES. 1912 WINSTON, IRVING, TEXAS OCC. SALESMAN - Sky Diver ARR. NO. 450004  
7-18-69 618 N. Rogers, Irving  
PLACE OF BIRTH ROCHESTER, MINN DATE OF BIRTH 8-3-44  
DATE 10-11-68 CHG. DRUNK & DISORDERLY ARR. BY \_\_\_\_\_ DSO

Signature



b6  
b7C

SCARS, MARKS AND TATTOOS: TATT: USA L/SHOULDER

SOC. SEC. NO. UNKNOWN  
DATE ADMITS INSTITUTION OR TOWN

DRAFT REGIS. NO.  
PREVIOUS ARRESTS  
CHARGE

HOW RELEASED

FATHER: WILLARD SCHANDT (DEC)

ADD: FBI

MOTHER: DEC

ADD:

HUS. OR WIFE:

ADD:

CHILDREN:

ADD:

MOTHER IN LAW:

ADD: PARIS, TEXAS

FATHER IN LAW:

ADD:

SISTERS:

ADD: ~~MINNEAPOLIS, MINN~~

BROTHERS:

ADD: ~~MINNEAPOLIS, MINN~~

FRIENDS:

ADD:

ARRESTED WITH: SELF

ADD:

EMPLOYER: ~~SELF EMPLOYED~~

ADD: AT Residence  
DALLAS

US ELEC SUPPLY

ORGANIZATIONS, LODGES, OR UNIONS:

Info OK 7-18-69

7-13-70

b6  
b7C

b6  
b7C

164-81-A (638)

File No.

Date Received

Fr

(ADDRESS OF CONTRIBUTOR)

(CITY AND ST)

By

(NAME OF SPECIAL)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Advice of rights  
formsee sub G  
2nd Vol.  
4-10-72 4/4/72 50307  
L. Ball

KEEP ATTACHED TO EXHIBIT <sup>2</sup>~~3~~

DL # 164-191-1A

DB Cooper-38080

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Richardson, Texas  
 Date 4-4-72  
 Time 1:08pm

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed

[Redacted Signature Box]

b6  
b7c

Witness: Larry D Morgan SA, FBI, Dallas, Tex 4/4/72

Witness: [Redacted Signature Box] SA, FBI, Dallas, Tex 4/4/72

Time: 1:10pm

2

164-81-A (639)

File No.

164-191-1A<sup>8</sup>

Date Received

4-4-72

From

b6

b7C

(ADDRESS OF CONTRIBUTOR)

Richardson, Jeff

(CITY AND STATE)

By

J. J. Morgan

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Interview log

See Sub A  
2nd Vol  
4-10-72 4/4/72 FD 302  
2 Bullets

## Interview log

Person interviewed: [redacted] b6 b7C

Interviewing Agents: Harry J Morgan and [redacted]

Date 4-4-72

place [redacted] 24 b6 b7C

Time: 1:07 pm Agents identified themselves. SA Morgan advised [redacted] of allegation and furnished him an advice of rights and waiver form.  
 1:14 pm signed waiver  
 Interview began 1:14 pm  
 1:38 pm interview ended  
 Record of requests: none

Harry J Morgan  
 SA, FBI & Dallas 2400  
 4-18-72

164-81-1A (640)

File No.

~~164-191-1A~~<sup>12</sup>

Date Received

3/7/75

From

(NAME OF CONTRIBUTOR)

BRANIFF AIRWAYS

(ADDRESS OF CONTRIBUTOR)

DALLAS, TEX.

(NAME OF SPECIAL AGENT)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☐

No

Description:

2 Photos of

b6  
b7C

Sent SE 2-13-75

b6  
b7C

~~164-191-1A<sup>12</sup>~~

b6

b7C

1621-8X-1A (640)

File No.

Date Received

From

(NAME OF CONTRIBUTOR)

Federal Records Center

(ADDRESS OF CONTRIBUTOR)  
Fort Worth, Texas

(CITY AND STATE)

By

IC

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Photo of

b6  
b7C

12/27/71

b6  
b7C

[redacted]  
W M

[redacted]  
height: 71"  
Weight: 170 Lbs. b6  
Hair: Brown b7C  
Eyes: Brown  
Scars: [redacted]  
[redacted]

164 8. - 1A (641)

~~164-191-1A~~<sup>4</sup>

b6  
b7C

Field File No.

OO and File No. 104-81-1A (642)

Date Received 2/15/78

From 

b6  
b7C

(NAME OF CONTRIBUTOR)

DMV

(ADDRESS OF CONTRIBUTOR)

By Olympia, Wash.



To Be Returned ☐ Yes

☒ No

Receipt Given ☐ Yes

☒ No

Description:

Drivers License Photo;



b6  
b7C

then 5/77

Sub 437

SE 164-81 (643)

File No. ~~164-81-1A-11~~

Date Received 4/24/73

From Alvin Carter Hootley  
(NAME OF CONTRIBUTOR)One Residence  
(ADDRESS OF CONTRIBUTOR)Denver, Colo  
(CITY AND STATE)By Reagan  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☐ No

## Description:

address of rept form  
on Alvin Carter Hootley

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

164-81-1A (643)

Place Kenai, Colorado  
 Date 4/24/73  
 Time 2:43 PM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed \_\_\_\_\_

Witness: SA Stephen Browning, J. Special Agent, FBI, Colorado Springs, Colo 4/24/73

Witness: \_\_\_\_\_

Time: 3:06 PM

Heardly read the above form, advised he was fully aware of his rights and declined to sign the form advising he was willing to talk about aircraft hijacking.

Sub 437

SE 164-81-1A (644)

File No.

~~164-98-1A~~ 12

Date Received

7/11/73

From

F-132

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☐ No

Description:

1. advice of right  
form for victim  
Carlin Hantley

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

164-81-1A (644)

Place Glennwood Springs, Colo  
 Date 7/11/73  
 Time 7:38 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Signed \_\_\_\_\_

Witness: SA Chifton Browning, FBI Glennwood Springs 206/1/73

Witness: \_\_\_\_\_

Time: 742 AM

*Harley read the above, but refused to sign advising he understood his rights.*

sub 437

SE 164-81-1A (645)

File No. 164-971A (2)Date Received 7/11/77From FBI - Birmingham  
(NAME OF CONTRIBUTOR)Rm of Prof Glenard  
(ADDRESS OF CONTRIBUTOR)Glenard Springs, AL  
(CITY AND STATE)By Birmingham  
(NAME OF SPECIAL AGENT)To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☐ No

Description:

Interview log of  
Alvin Curtis Hartley

Interview by

7/11/73

Subject Alvin Carlos Haulty

Place Glenwood Springs, Colo

Date 7/11/73

Interviewing agent SA Clifton Brown, Jr

Interview commenced 7:38 AM

Furnished Warning of Rights 7:38 AM

Subject advised he understood rights

but refused to sign 7:42 AM

Interview terminated re Hypnotism 8:22 AM

Mayer Case prints obtained at 8:22 AM

Glenwood Springs P.D. 9:11 AM

164-81-1A (645)

781

SE 164-81-1A (646)

File No. ~~164-74-1195~~

Date Received 3/17/76

From

b6

b7C

(ADDRESS OF CONTRIBUTOR)

To Be Returned ☒ Yes ☐ No Receipt Given ☐ Yes ☒ No

Description:

Copy of  
Birth Certificate  
# 6691

Department of Commerce  
Bureau of the Census

CERTIFICATE OF BIRTH  
COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS

Registered No.

6691  
62

1. PLACE OF BIRTH				2. USUAL RESIDENCE OF MOTHER			
(a) County <u>Belmont</u> Registration District No. <u>20</u> For reg. use				(a) State <u>Virginia</u> <u>12-90</u>			
(b) Magisterial District				(b) County <u>Stafford</u>			
(c) City or town				(c) City or town <u>Virginia</u>			
(d) Name of hospital or institution <u>Belmont Hospital</u>				(d) Street no.			
(e) Is place of birth within corporate limits?				(e) Is place of residence within corporate limits? <u>Yes</u>			
3. Full name of child <u>Jerry Arthur Cooper</u> If child is not yet named, leave blank.							
4. Sex <u>Boy</u> Write word		5. Twin or Triplet		6. Months of pregnancy <u>9</u>		7. Is mother married to father of child? <u>Yes</u>	
						8. Date of birth <u>Feb 4</u> <u>1945</u> Month by name, Day, Year	
FATHER OF CHILD							
9. Full name							
10. Color or							
11. Birthplace							
12. Usual occ							
13. Industry							
21. Children born to this mother: <u>0</u>							
(a) How many other children of this mother are now living? <u>0</u>							
(b) How many other children were born alive but are now dead? <u>0</u>							
(c) How many children were born dead? <u>0</u>							
22. I hereby certify that I attended the birth of this child who was <u>born alive</u> at the hour of <u>3:35 p.m.</u> on the date above stated and that the information given was furnished <u>Mother</u>							
24. Were eyedrops used? <u>Yes</u> Attendant's own signature <u>[Signature]</u> Physician, Midwife, or other <u>[Signature]</u> Date signed <u>2/7/45</u>							
23. Supplemental information added <u>[Signature]</u> Address <u>[Address]</u> When signed by mark							
25. FEB. 14 1945 Date rec. by reg.							

NOTICE OF VERIFICATION

FOR OFFICIAL GOVERNMENT USE ONLY  
(To Be Retained by Using Agency)

This is to verify that the foregoing is a reproduction of the original record on file in the Bureau of Vital Statistics, Virginia Department of Health, Richmond, Virginia.

JAN 7 1976

Date Issued

Deane Huxtable  
DEANE HUXTABLE, State Registrar

DB Cooper 38099

ENCLOSURE TO SEATTLE FROM BUFFALO

File No.

Date Received

From

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

STATE)

(NAME OF SPECIAL AGENT)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:

photo of

By Buffalo letter dated 3/6/78.

see ser. 7810

b6  
b7C

164-81-1A (647)

DB Cooper-38102

b6  
b7C

File No.

Date Received

From

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By

b6  
b7CTo Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

advise of rt &  
interview log

Interview log of

[redacted] at  
Las Vegas, Colo, on 7/19/73

b6  
b7C

10:40 A - [redacted] advised of identity of  
SA [redacted] and advised of  
its as per FD-395, which was  
stated by [redacted] to be understood  
and at [redacted]

b6  
b7C

10:46 A - He willingly signed the  
waiver and proceeded to allow  
self to be interviewed.

at 11:12 A - Interview Ended

[redacted]

Sp. Agent

b6  
b7C

Denver, Colo

164-81-1A(648)  
REF ATTACHED TO EXHIBIT

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Lamar, Colorado  
Date 7/19/73  
Time 10:40 AM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Witness:

Witness:

Time:

Signed

*(Pueblorita) Special Agent*  
*FBI Denver*

10:46 AM

b6  
b7c

FEDERAL BUREAU OF INVESTIGATION  
FOI, PA  
DELETED PAGE INFORMATION SHEET  
FOI, PA# 1 16 cv 01790 02

Total Deleted Page(s) 189

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Page 9 ~ b7D,  
Page 10 ~ b7D,  
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Page 152 ~ b6, b7C, b7D,  
Page 153 ~ b6, b7C, b7D,  
Page 154 ~ b6, b7C, b7D,  
Page 155 ~ b6, b7C, b7D,  
Page 156 ~ b6, b7C, b7D,  
Page 157 ~ b6, b7C, b7D,  
Page 158 ~ b6, b7C, b7D,  
Page 159 ~ b6, b7C, b7D,  
Page 160 ~ b6, b7C, b7D,  
Page 161 ~ b6, b7C, b7D,  
Page 162 ~ b6, b7C, b7D,  
Page 163 ~ b6, b7C, b7D,  
Page 164 ~ b6, b7C, b7D,  
Page 165 ~ b6, b7C, b7D,  
Page 166 ~ b6, b7C, b7D,  
Page 167 ~ b6, b7C, b7D,  
Page 168 ~ b6, b7C, b7D,  
Page 169 ~ b6, b7C, b7D,  
Page 170 ~ b6, b7C, b7D,  
Page 171 ~ b6, b7C, b7D,  
Page 172 ~ b6, b7C, b7D,  
Page 173 ~ b6, b7C, b7D,  
Page 174 ~ b6, b7C, b7D,  
Page 175 ~ b6, b7C, b7D,  
Page 176 ~ b6, b7C, b7D,  
Page 177 ~ b6, b7C, b7D,  
Page 178 ~ b6, b7C, b7D,  
Page 179 ~ b6, b7C, b7D,  
Page 180 ~ b6, b7C, b7D,  
Page 181 ~ b6, b7C, b7D,  
Page 182 ~ b6, b7C, b7D,  
Page 183 ~ b6, b7C, b7D,  
Page 184 ~ b6, b7C, b7D,  
Page 185 ~ b6, b7C, b7D,  
Page 187 ~ b6, b7C, b7D,  
Page 188 ~ b6, b7C, b7D,  
Page 189 ~ b6, b7C, b7D,  
Page 190 ~ b6, b7C, b7D,  
Page 191 ~ b6, b7C, b7D,  
Page 192 ~ b6, b7C, b7D,  
Page 193 ~ b6, b7C, b7D,  
Page 194 ~ b6, b7C, b7D,  
Page 195 ~ b7D;  
Page 198 ~ b6, b7C, b7D;  
Page 199 ~ b6, b7C, b7D;  
Page 200 ~ b6, b7C, b7D;

XXXXXXXXXXXXXXXXXXXXXXXXX  
X Deleted Page(s) X  
X No Duplication Fee X  
X For this Page X  
XXXXXXXXXXXXXXXXXXXXXXXXX

File - Serial Charge Out  
FD-5 (Rev. 6-17-70)

File 1164 81 Date \_\_\_\_\_  
Class. Case No. Last Serial  
☐ Pending ☐ Closed  
Serial No. Description of Serial Date Charged

1A659 78 photos of latent prints  
sent to HQ Lab  
8/23/01



b6  
b7C

RECHARGE

Date \_\_\_\_\_

To \_\_\_\_\_ From \_\_\_\_\_

Initials of  
Clerk {

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date {

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date charged

Employee

Location

(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Date Filed		Disposition
649 4/10/78	Wine of rights [redacted]	[redacted]
650 4/11/78	Notes & interview log [redacted]	[redacted]
651 4/11/78	Photos of Robert Wesley Rockatans	see sub 933
652 4/11/78	[redacted]	[redacted]
653 4/11/78	[redacted]	[redacted]
654 4/11/78	Photos of Robert Rockatans	see sub 933
655 4/11/78	Invest notes [redacted]	[redacted]
656 5/3/78	Neg of black and white photo of truck w/ glasses	[redacted]
657 5/17/78	Photos of [redacted]	[redacted]
658 6/9/78	Photos of [redacted]	[redacted]
659 6/16/78	71 photos of latent print & one latent impression	Sub 11, 14
660 6/23/78	Photos of Coffey Sub 853	[redacted]
661 6/23/78	Copy of Wash. Drivers Lic [redacted]	[redacted]
662 8/31/78	Cal 8 road Drivers License of [redacted]	[redacted]
663 10/13/78	Photo of [redacted]	[redacted]
664 11/11/78	Photo of [redacted]	[redacted]
665 1/8/79	Copy of Boeing Aircraft Corp. Dir. of [redacted]	BAC 271DA-152

64-81-4

SEARCHED	INDEXED
SERIALIZED	FILED
APR 10 1978	
FBI - CLEVELAND	

(Title) \_\_\_\_\_

(File No.) \_\_\_\_\_

Item	Date Filed	To be returned		Disposition
		Yes	No	
666	1/8/79		X	Blueprint depicting location of decal on 727
667	5/15/79		X	Rough draft notes re [redacted]
668	5/15/79		X	Original Notes of interview w/ [redacted]
669	5/16/79		X	Business card of D.B. Cooper Sky Diving School
670	5/15/79		X	Original notes re interview of [redacted]
671	5/15/79		X	Interview notes re [redacted]
672			X	Rights & Waives form re: [redacted]
673			X	Interview log - Janet Sparks
674			X	Waiver & Rights form re: Sparks
<del>678</del>	<del>2</del>	<del></del>	<del>X</del>	<del>Waiver &amp; Rights form re [redacted]</del>
675			X	Waiver & Rights form re [redacted]
676			X	Copy of [redacted] Sub 386
677			X	Copy of [redacted]
678	V		X	Copy of [redacted]

b6  
b7Cb6  
b7C  
b7D

(Title)

(File No.)

Item	Date Filed	To be returned Yes No	Disposition
666	1/8/79		Blueprint depicting location of deal on 727
667	3/4/79	X	Rough draft notes re [redacted]
668	6/19/79	X	Original notes re interview of [redacted]
669	5/1/79	X	Witness card of D. B. Cooper Skydiving School
670	5/1/79	X	original notes re interview of [redacted]
671		X	Interview notes re [redacted]
672		X	Rights waiver form re [redacted]
673		X	Interview log - Kelly Jewel Sparks
674		X	Waiver of Rights form re [redacted]
675		X	Waiver of Rights form re [redacted]
676		X	Copy of [redacted] Sup 386
677		X	[redacted]
678		X	[redacted]

b6  
b7Cb6  
b7C  
b7D

114-81-1A

SEARCHED	INDEXED
SERIALIZED	FILED
APR 8 1979	
FBI - SEAT	

b6  
b7C

164-811A (678)

Sub 386

File No. 164-101-1A6

Date Received 4/15/72

From

By

(NAME OF SPECIAL AGENT)

b6  
b7C  
b7DTo Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☒ No

Description:

Covers of

b6  
b7C  
b7D

Sub 386  
164-81-1A (67)

File No. 164-101-1A5Date Received 4/13-14/72

From

By

(NAME OF SPECIAL AGENT)

b6

b7C

b7D

To Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☒ No

Description:

Copies of

b7D

To: ☐ Director

Att.: \_\_\_\_\_ FILE

Date \_\_\_\_\_

☐ SAC \_\_\_\_\_

Title \_\_\_\_\_

☐ ASAC \_\_\_\_\_

☐ Supv. \_\_\_\_\_

☐ Agent \_\_\_\_\_

☐ SE \_\_\_\_\_

☐ IC \_\_\_\_\_

☐ CC \_\_\_\_\_

RE: \_\_\_\_\_

☐ Steno \_\_\_\_\_

☐ Clerk \_\_\_\_\_

☐ Rotor #: \_\_\_\_\_

ACTION DESIRED

☐ Acknowledge

☐ Open Case

☐ Assign \_\_\_\_\_ Reassign \_\_\_\_\_

☐ Prepare lead cards

☐ Bring file

☐ Prepare tickler

☐ Call me

☐ Return assignment card

☐ Correct

☐ Return file

☐ Deadline \_\_\_\_\_

☐ Search and return

☐ Deadline passed

☐ See me

☐ Delinquent

☐ Serial # \_\_\_\_\_

☐ Discontinue

☐ Post ☐ Recharge ☐ Return

☐ Expedite

☐ Send to \_\_\_\_\_

☐ File

☐ Submit new charge out

☐ For information

☐ Submit report by \_\_\_\_\_

☐ Handle

☐ Type

☐ Initial & return

☐ Leads need attention

☐ Return with explanation or notation as to action taken.

[Empty box for additional information or signature]

b6  
b7C  
b7D

See reverse side

Office \_\_\_\_\_

Sub 386  
164-81-1A <sup>(b26)</sup>

File No.

164-101-1A4

Date Received

4/22/72

From

b6  
b7C  
b7DTo Be Returned ☐ Yes  
☒ NoReceipt given ☐ Yes  
☒ No

Description:

Copy of

b6  
b7C  
b7D

UNITED STATES GOVERNMENT

# Memorandum

TO : SAC (164-101)

DATE: 4/21/72

FROM : SA [REDACTED]

b6  
b7C  
b7D

SUBJECT:

On 4/20/72, a knowledgeable source furnished the following

[REDACTED]

b6  
b7C  
b7D

Knowledgeable source is [REDACTED]

[REDACTED]

b6  
b7C  
b7D



Buy U.S. Savings Bonds Regularly on the Payroll Savings Plan

DB Cooper 38300

164-81-1A (675)

File No.

164-59-1A3

Date Received

12/27/71

From

(ADDRESS OF CONTRIBUTOR)

b6

b7C

By

To Be Returned ☐ Yes☒ NoReceipt given ☐ Yes☒ No

Description:

Waiver and Warning  
form.

YOUR RIGHTS

Place  
Date  
Time

Anchorage  
10/27/71  
10:55 PM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning, if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Witness

Witness

Time

10:56 PM

S.A. FBI Anchorage

b6  
b7C

164-81-1A (674)  
File No. 164-59-1A12Date Received 3/31/77

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

(NAME OF SPECIAL AGENT)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:

Waiver of rights from  
Billy Jewel Sparks.



164-81-1A (673)

File No. 164-59-1A11

Date Received 3/31/77

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

Charles H. Steele

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes Receipt Given ☐ Yes  
☒ No ☒ No

## Description:

Interview by - Billy  
Jewel Sparks.

Herrin by - Billy Jewel Sparks,  
Anchorage, Alaska, 3/31/77.

12:55 pm - Sparks contacted at HOS 4234  
Spinal Rd. Review of Safety  
of guys, purpose of Interview &  
certain construction by  
on steel, steel in four flights  
from & declined to sign.

12:58 pm - Interview by.

1:22 pm - Herrin terminated.

Small at Club - F. B. L. Anchorage  
[Redacted] S.A. F. B. L. Anchorage al.

b6  
b7C

164-81-1A (672)

File No.

164-59-1A<sup>14</sup>

Date Received

1/30/72

From

b6

b7c

ADDRESS OF CONTRIBUTOR

Fairbanks Alaska

To Be Returned

☐

Yes

☒

No

Receipt Given

☐

Yes

☒

No

Description:

Rights + Waiver  
form.

## INTERROGATION; ADVICE OF RIGHTS

YOUR RIGHTS

Place Fairbanks Alaska  
Date Jan. 30, 1978  
Time 3:40 PM

Before we ask you any questions, you must understand your rights.

You have the right to remain silent.

Anything you say can be used against you in court.

You have the right to talk to a lawyer for advice before we ask you any questions and to have him with you during questioning.

If you cannot afford a lawyer, one will be appointed for you before any questioning if you wish.

If you decide to answer questions now without a lawyer present, you will still have the right to stop answering at any time. You also have the right to stop answering at any time until you talk to a lawyer.

WAIVER OF RIGHTS

I have read this statement of my rights and I understand what my rights are. I am willing to make a statement and answer questions. I do not want a lawyer at this time. I understand and know what I am doing. No promises or threats have been made to me and no pressure or coercion of any kind has been used against me.

Sign

Witness:

Witness:

Time:

[Redacted Signature Box]

SA, FBI.

3:42 PM.

b6  
b7c

164-81-1A <sup>671</sup>File No. 164-59-1A<sup>15</sup>Date Received 1/30/78

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

b6  
b7C

To Be Returned ☐ Yes ☒ No      Receipt Given ☐ Yes ☒ No

Description:

Interview Log on  
interview of

b6  
b7C

# Interview Log

Date: Jan. 30, 1978

Place: 101 12<sup>th</sup> Ave., Fairbanks, AK.

Interviewee: [redacted]

b6

b7C

## Time

3:35 PM — [redacted] appeared @ RA, informed  
I.D. of interviewing Agent +  
purpose of interview.

b6

b7C

3:40 PM. — [redacted] furnished rights + Waivers  
form, read, advised he understood

3:42 P.M. — and signed.

3:44 P.M. — Interview commenced.

4:28 P.M. — Interview concluded, description

4:40 P.M. — and background obtained.

Witness: [redacted], SA, FBI.

b6

b7C

164-81-1A

67C

File No. 164-59-1A<sup>13</sup>  
Date Received 1/30/78  
From \_\_\_\_\_  
(NAME OF CONTRIBUTOR)

\_\_\_\_\_  
(ADDRESS OF CONTRIBUTOR)

b6

b7C

To Be Returned ☐ Yes☒ NoReceipt Given ☐ Yes☒ No

Description:

original notes on  
interview of

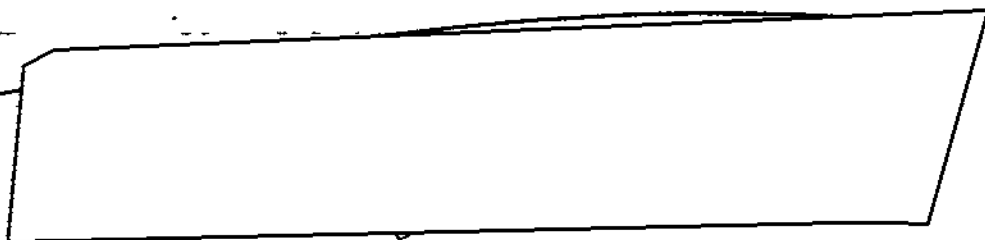
b6

b7C

1/30/78

1971  
Golden Gate U.

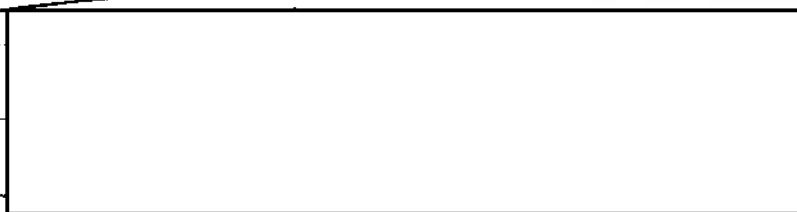
S.F.



b6  
b7C

res:

S.F., CALIF.



was broke & would not have  
traveled @ that time -

interviewed by F.B.I. @ S.F.,  
since he was member of American  
Parashuters Assoc.

DB Cooper 38315



the D.B. Cooper case  
as a case study in

b6  
b7C



Admires the man's feat  
immensely - not the  
criminal aspect of it,  
but the finite planning  
and precision jumping required  
to carry out such a feat.

[Redacted]

b6  
b7C

DOB

[Redacted]

5'11" 175

Bm Hazel

SS

[Redacted]

Res.

[Redacted]

Employed: U.S.A -

[Redacted]

[Redacted]

[Redacted]

b6  
b7C

[Redacted]

FBKS

Criminal

[Redacted]

Dismissed

Military: Navy -

[Redacted]

b6  
b7C

[Redacted]

[Redacted]

Hobby: Sport jumping - test para.  
rating.

Self employed - manufacture  
& modification of chutes  
[redacted]

b6  
b7C

[redacted] - Defense Dept. -  
Vietnam -  
Tech Rep. - Lockheed  
& Brand X

[redacted]

b6  
b7C

Son - [redacted]  
[redacted]

104-81-1A (670)

4. 1. 2. 3.

FD-340 REV. (6-14-77) 1 card

To Seattle, File # 164-81-169

From Portland, File # 164-41

Portland airtel, Dated 1/5/79

Field File No. \_\_\_\_\_

OO and File No. \_\_\_\_\_

Date Received \_\_\_\_\_

From \_\_\_\_\_

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

(CITY AND STATE)

By \_\_\_\_\_

(NAME OF SPECIAL AGENT)

To Be Returned ☐ Yes Receipt Given ☐ Yes

☒ No ☒ No

Description:

One business card of D. B. COOPER, Director, Cooper's Sky Diving School, Sky Harbor, Salem, Oregon.

*See ser 5780*

DB Cooper-38320



# Cooper's Sky Diving School

*Specializing in Night Jumps  
From Large Jet Aircraft*

D. B. Cooper  
Director  
Airline Jump Operations

Sky Harbor Field  
Salem, Oregon  
503 \$200,000

164-S1-1A 1669

DB Cooper 38321

☐ FD-250 (11-30-5)

DB Cooper 38322

Field File No.

164-81-1A (66P)

OO and File No.

164-174

Date Received

3/19/79

From

1 ELVEN

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By

ATE)

AGENT)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:

ORIGINAL NOTES OF  
INTERVIEW WITHb6  
b7C

see ser 8063

164-81-1A (668)

3/19/79

b6  
b7C

LOUISVILLE KY

W/M

1YR. COLLEGE

b6  
b7C

WENT INTO

NO TROUBLE AS YOUNG. OR AD ADULT LIFE

IS

HADST SAW NOV. 58

WORKS

AT MINE

IS

b6  
b7C

WON AWARDS FOR HIS

Also now HE WORKS AT A

CHURCH CAMP IN THE MOUNTAINS OF COLORADO  
(LOCATION UNKNOWN)

DB Cooper 38325

NO LARGE INVENTORIES TO KNOWLEDGE HAS HAD

TO

b6  
b7C

NOV. OF 1971 BUT SHE COULD

NOT RECALL THE EXACT DATE. DURING THIS TIME

TOOK OFF WORK FOR ABOUT 1WK SO

STAYED WITH

UNTIL AFTER THANKSGIVING. EVERYTHING APPEARED  
NORMAL EXCEPT THAT HE WAS

b6  
b7C

REALLY UPSET

AIM

164-81-1A (b6)7

Field File No.

164-640-102

OO and File No.

Simples 164-81

Date Received

8/21/79

From

(NAME OF CONTRIBUTOR)

(ADDRESS OF CONTRIBUTOR)

By

(NAME OF SPECIAL AGENT)

To Be Returned

☐

Yes

Receipt Given

☐

Yes

☒

No

☒

No

Description:

R/D notes re  
interview ofb6  
b7C

see ser 8061

164-81-1A (667)

DB Cooper 38328

2/21

[Redacted]

, AMAX,

b6  
b7C

Application 4/1/65

[Redacted]

b6  
b7C

5'8 1/2 168 Br + B so

[Redacted]

Gravel

[Redacted]

[Redacted]

[Redacted]

b6  
b7C

Proc

[Redacted]

Coto

[Redacted]

Boeing Aircraft, Seattle, 12/61 - 10/64

[Redacted]

b6  
b7C

Off Shore Pass, WOLA

[Redacted]

4/61 - 12/61

[Redacted]

b6  
b7C

[Redacted]

b6  
b7C

10/22/71 -

[Redacted]

[Redacted]

10/1/71

[redacted]  
[redacted] 5'8 1/2" 180' Br. Eyes  
Brown hair - (part on left side)  
SSAN [redacted] engine.

1-yr College - [redacted]  
grad - [redacted]

Military [redacted]

Navy - [redacted]  
USAF - [redacted]

- no parachute experience.
- drop 100' for USN - survival - w/ harness.
- never smoke - smoke both in confined area

smoke.  
Employment -

- moved into present house 2/70 or 71
- 6/2/65 employed @ Henderson -

bought [redacted]

sale price - [redacted] /mon.

other personal Employment.  
Off shore Navigation  
- Now Petroleum Helicopters

b6  
b7C

applied Boeing Aircraft

~~1963~~ -

12/64 -

b6  
b7C

6/62.

- Montana.

SP.

Mo.

b6  
b7C

1964 -

Det.

1964 -

Rec'd 6/65 - AMAX.

Hobbs - pilot -  
ceramics

b6  
b7C

- 1965

- 10/77.

DB Cooper 38331

[redacted]

b6  
b7C

no Boeing Boeing 727  
- not familiar w/  
any large jets

Bank - Jiff Bank & Trust

[redacted]

b6  
b7C

1 since [redacted]

Concerning Deck 11/21/71 - 25/71

- initials can't recall.

activities I will reconstruct w/

[redacted] & advise - [redacted]

AMAX.

b6  
b7C

[redacted]

b6  
b7C

[redacted]

[redacted]

no large amount of \$  
- inheritance

DB Cooper 38332

b6  
b7C

[redacted]



b6  
b7C



current



per year

b6  
b7C



neg re DB Cooper

neg re Carpenter

line welders



b6  
b7C

will furnish Photo.

2/2/19

[Redacted]

(Tel Call)

b6  
b7C

Week of 1/24

[Redacted]

Currently  
Franklin  
in [Redacted]

← [Redacted]

— Canada

[Redacted]

Was with entire week.

[Redacted]

b6  
b7C



See Sub P  
Field File No. AP 164-73 (b6b)

OO and File No. SE 164-81-1A

Date Received 12-1-78

From   
(NAME OF CONTRIBUTOR)

NWAL  
(ADDRESS OF CONTRIBUTOR)

Mpls - ST. Paul Airport

By  (STATE)

(SPECIAL AGENT)

To Be Returned ☐ Yes ☒ No  
Receipt Given ☐ Yes ☒ No

Description:  
Blueprints depicting  
location of deal on  
727

See Serial 164-81-9040

b6  
b7C

LET	CHANGE	DATE	BY
J	REVISED NOTE 22 & DETAIL FOR LOWER WING PAINT (M) ADDED NOTE 24	3-22-76	

b6  
b7C

SE 164-81-1a (666)  
KEEP ATTACHED TO EXHIBIT

8C11-33163-12 LOGO

NOTES CONT.

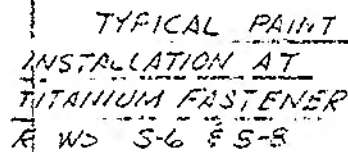
- 19. LEAVE A 1.5" WIDE BARE METAL STRIPE AROUND ALL COCKPIT & EYEBROW WINDOWS
- 20. EPOXY PRIMER PER BMS 10-79 (DESOTO PN513-731 OR EQUIV) AND FLEXIBLE POLYURETHANE ENAMEL COLOR BAC 7025 GREY GLOSS PER BMS 10-60 TYPE II OPTIONAL TO COROGARD.
- 21. PAINTING OF UPPER SURFACE OF HORIZONTAL STABILIZER OPTIONAL DEPENDING ON CONDITION.
- 22. PAINT ENTIRE INSPAR SKIN FROM BEL 70.5 TO WS 760.5 BETWEEN FRONT & REAR SPAR (OPTIONAL) PAINTING FASTENER ROWS 5-6 & 5-8 ONLY (PREFERRED) APPLY BMS 10-79 PRIMER (SN 181-PR-720) BMS 5-95 TYPE F SEALANT (SN 185-SE-195) 2" BAND AT FASTENER ROWS ONLY AND BMS 10-60 TYPE II GREY ENAMEL (SN 181-EN-599) (REF CORROSION PREVENTION MANUAL DG-41910 PART II 57-30-27 FIG 4)
- 23. PLACARDS BAC 27DPA152, BAC 27DPA151, BAC 27DPA66 & BAC 27DPA138 ARE NOT REQUIRED ON 727C A/C (488-499) WHICH HAVE BEEN MODIFIED PER E.O. 35166 SECT. II & III.
- 24. REF NWA DWG 4011-34338 - MAINTENANCE MARKINGS & PROTECTIVE PAINT.

165-18-2 RIT.

WHITE SEMI-GLOSS POLYURETHANE ENAMEL 16

1-10  
1-25

CONFIDENTIAL COPY  
NOT FOR RELEASE



EW  
? SURFACE

M

12/1/78

b6  
b7C

LET	CHANGE	DATE	BY
A	ADDED OVERWING ESCAPE POLITE	2/1/79	
B	ADDED BAC M9L24V, BAC M9L24V & BAC M9L22 DECALS	2/1/79	
C	ADDED NOTE 19		
D	BAC 751 GRAY WAS BAC 7051	11/19/78	
E	ADDED NOTE 20	2/2/79	
F	ADDED NOTE 21	2/14/79	
G	ADDED NOTES 22 & 23, DETAIL <del>XX</del>	5/1/79	
H	DELETED 2" STRIKE AROUND CAPT F1 OFF SLIDING WINDOW, REVLED NOTE 19, REF BAC TWX NWA SP 76 R212/22/79	12/10/79	

PAINT THE LOWER SURFACE OF HORIZONTAL STABILIZER & THE LOWER SURFACE OF THE ELEVATOR AND TAB MAY BE PAINTED BUT MUST BE REBALANCED OR BALANCE CHECKED AND PLACARDED (BAC 751 GRAY ENAMEL)

SE 164-81-12 (666)  
KEEP ATTACHED TO ENTIRE

PAINT BAC 702  
LUG GLOSS

# NOTE

1. ALL EXPOSED PRIMED SURFACES OF THE DECORATIVE PATTERNS SHALL RECEIVE ONE COAT OF BMS 10-11 TYPE 2 ENAMEL COLOR GREY BAC 702 GLOSS APPLIED PER DG-1816. EXPOSED SURFACES ARE DEFINED AS EXTERIOR AREAS WHEN ALL ACCESS DOORS ARE IN PLACE & CONTROL SURFACES ARE IN FAIRED POSITION.
2. DO NOT PAINT RUBBER OR MOHAIR SEALS, OR STAINLESS STEEL RUB STRIPS, THRESHOLDS, OR ANODIZED HANDLES OR DOOR HANDLE PANS OR DUMMY WINDOW PLATES.
3. DO NOT PAINT
4. REFERENCE DWG BAC 65-39747
5. NWA IN 7023-31726-2 THRU-11 AS REQ. (PAINT PER DWG 7023-31726 OPT)
6. NWA IN 7023-31721-2 THRU-14 AS REQ. (PAINT PER DWG 7023-31721 OPT)
7. EDGE SEAL DECALS APPLIED TO BARE METAL & PAINTED SURFACES WITH "SCOTCHCAL" BRAND EDGE SEALER #3950. PRE-MASKED DECALS APPLIED PRIOR TO PAINTING DO NOT REQUIRE EDGE SEALING.
8. BMS 10-11 PRIMER & ENAMEL
9. ALL 72TH & 727C AIRCRAFT
10. 727C AIRCRAFT ONLY
11. ROUTE RADOME TO PAINT SHOP. DO NOT

12. REF DWG 9811-32616 FOR GENERAL PAINT USAGE  
P/N's.
13. BMS 10-60 OR EQUIV.
14. SEE PAC DWG 65-38578 FOR OTHER STANDARD EXTERIOR MARKINGS.
15. FOR LETTER SPACING ON 727C SEE SHEET 2
- △ APPLY GOODYEAR GRIPTRED A862 WHITE, SMOOTH SLIP RESISTANT WALKWAY STRIPS OVER U.S. PAINT AA-92-B-16 WHITE POLYURETHANE ENAMEL. APPLY GRIPTRED STRIPS OVER U.S. PAINT AA-92-B-16 BLACK POLYURETHANE ENAMEL INDICATORS.
16. APPLY GOODYEAR GRIPTRED A862 WHITE SMOOTH SLIP-RESISTANT WALKWAY COATING ONLY (APPLY SOLID - NO STRIPES). DO NOT APPLY WHITE POLYURETHANE ENAMEL UNDERCOAT ON THIS AREA.
- △ EDGE OF GOODYEAR GRIPTRED SLIP-RESISTANT WALKWAY.  
(NOTES CONT. SHT 2)

CM9L2AX	DECAL		BAC	014-ME-953
CM9L2AY	DECAL			014-ME-959
CM9L2Z	DECAL			018-ME-925
M951AS	DECAL			018-ME-921
CM9L2BC	DECAL			018-ME-919
CM9L2AW	DECAL			018-ME-920
CM9L2UAA	DECAL			018-ME-922
CM9L2AP	DECAL			018-ME-924
CM9E2Y	DECAL			018-ME-923
CM9E2X	DECAL			018-M-926
CL27DPA152	PLACARD			014-PL-164
CL27DPA66	PLACARD			014-PL-161
CL27DPA151	PLACARD			014-PL-163
CL27DPA138	PLACARD		BAC	014-PL-162
11-33033	DECAL		NWA	014-DE-212
11-33165-12	"LOGO"			018-DE-340
23-31726	DECAL			
23-31721	DECAL			
11-33165-2	KIT "ORIENT"			
11-33165-1	KIT "NORTHWEST"		NWA	

PART NO.	DESCRIPTION	STOCK SIZE	SPEC'S.	NWA STK. NO.
FINISH	<b>NORTHWEST AIRLINES, INC.</b> <b>COLOR SCHEME INSTL -</b> <b>727 EXTERIOR</b>			ISSUED
HEAT TR.				PROJ
SCALE				35459
NEXT ASS'Y				4011-33176
				SHEET 1 OF 2

12/1/78

- SLIP RESISTANT WALKWAY STRIPS OVER U.S. PAINT  
A-92-A-136 WHITE POLYURETHANE ENAMEL. APPLY  
GRIPTRED STRIPS OVER U.S. PAINT AA-92-B-16  
BLACK POLYURETHANE ENAMEL INDICATORS.
11. APPLY GOODYEAR GRIPTRED A862 WHITE SMOOTH  
SLIP-RESISTANT WALKWAY COATING ONLY (APPLY SOLID-  
NO STRIPES). DO NOT APPLY WHITE POLYURETHANE  
ENAMEL UNDERCOAT ON THIS AREA.
12. EDGE OF GOODYEAR GRIPTRED SLIP-RESISTANT WALKWAY.  
(NOTES CONT. INT 3)

AR	BACM9L2AX	DECAL		BAC	014-ME-953
AR	BACM9L2AY	DECAL			014-ME-959
AR	BACM9L2Z	DECAL			018-ME-925
1	BACM9S1AS	DECAL			018-ME-921
1	BACM9L2BC	DECAL			018-ME-919
2	BACM9L2AV	DECAL			018-ME-920
2	BACM9L10AAX	DECAL			018-ME-922
1	BACM9L10AP	DECAL			018-ME-924
1	BACM9E2Y6	DECAL			018-ME-923
1	BACM9E2YX	DECAL			018-M-926
1	727DPA152	PLACARD			014-PL-164
1	727DPA66	PLACARD			014-PL-161
1	727DPA151	PLACARD			014-PL-163
1	727DPA138	PLACARD		BAC	014-PL-162
1	BC11-33033	DECAL		NWA	014-DE-212
2	BC11-33165-12	"LOGO"			018-DE-340
AR	7023-31726	DECAL			
AR	7023-31721	DECAL			
2	BC11-33165-2	KIT "ORIENT"			
2	BC11-33165-1	KIT "NORTHWEST"		NWA	

QUANTITY REQUIRED		PART NO.	DESCRIPTION	STOCK SIZE	SPEC'S.	NWA STK. NO.
DR	6-25-69	LIMITS	FINISH	NORTHWEST AIRLINES, INC.		
CK	6/25/69	UNLESS NOTED FRACTION $\pm \frac{1}{32}$ DECIMAL $\pm \frac{1}{10}$ ANGLE $\pm \frac{1}{2}^\circ$	HEAT TR.	ISSUED		
CK			SCALE	PROJ 35459		
AP	9-19-69	DESIG 727-100	NEXT ASS'Y	REV		
REASON CODE				4011-33176		
				SHEET 1 OF 2		

COLOR SCHEME INSTL -  
727 EXTERIOR